



Minneapolis One Stop
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 Minneapolis, MN 55415 – 1316

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 www.ci.minneapolis.mn.us/inspections

Office Use Only

T# _____

\$ _____

Permit # _____

**WRECKING / MOVING
 APPLICATION**

TISH _____

MAC _____

JOB ADDRESS (PLEASE INCLUDE BLDG. #, STREET NAME & DIRECTION & BLDG. NAME IF KNOWN)						
OWNER / OCCUPANT AND PHONE NUMBER					<input checked="" type="checkbox"/>	OCCUPANCY: (CHECK ONE)
					<input type="checkbox"/>	RESIDENTIAL
					<input type="checkbox"/>	COMMERCIAL
BUILDING SIZE:	WIDTH:	DEPTH:	HEIGHT:	NO. OF STORIES	GROUND FLOOR SQ. FT:	VOLUME IN CUBIC FT:
VALUE OF WORK:		SAC UNITS:			<input checked="" type="checkbox"/>	PERMIT TYPE: (CHECK ONE)
		_____ BY _____			<input type="checkbox"/>	WRECKING
					<input type="checkbox"/>	NON-WRECKING
					<input type="checkbox"/>	RAISE & HOLD
					<input type="checkbox"/>	MOVING
TYPE OF STRUCTURE AND LAST OCCUPANCY:						
PROPERTY ID NO:	LEGAL DESCRIPTION: ⇒ ⇒ ⇒ ⇒ ⇒	LOT:	BLOCK:	ADDITION:		

NOTIFICATIONS	APPROVALS
READY FOR SERVICE UTILITY CUTOFFS ON:	SEWER DEPARTMENT (PUBLIC SERVICE CENTER):
XCEL ENERGY:	WATER DEPARTMENT (PUBLIC SERVICE CENTER):
QWEST:	VACANT BUILDINGS (PUBLIC SERVICE CENTER):
RELIANT ENERGY:	HENNEPIN COUNTY (REAL ESTATE TAXES):
CABLE SYSTEMS:	HERITAGE PRESERVATION (CITY HALL):
ELEVATOR (CALL 612-673-3574 FOR AUTHORIZATION):	PUBLIC WORKS, TRAFFIC (CITY HALL) (MOVING PERMIT ONLY!)

I hereby certify that all information provided in this application form and any other information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable State and local laws and regulations in performing the work for which this permit is issued, and that I possess all contractor and personal licenses and certificates of competency, if any, that are required for lawful performance of the work described in this permit. I understand that the issuance of this permit does not imply or authorize the granting of any such license or certificate of competency, nor the issuance of any business or professional license.

SIGNATURE _____ DATE _____

COMPANY NAME:	CONTRACTOR LICENSE #:
COMPANY ADDRESS:	CONTACT PERSON:
CITY: STATE: ZIP CODE:	CONTACT PHONE #:

MAKE CHECKS PAYABLE TO: **MINNEAPOLIS FINANCE DEPARTMENT, OR**

CHARGE TO: MASTERCARD _____ VISA _____ AMEX _____ ACCT. NO. _____ EXP DATE ____/____/____