Minneapolis One Stop
250 South 4th Street, Room 300
Minneapolis, MN 55415-1316
Office (612) 673-5800
Fax (612) 370-1416
TTY (612) 673-3300
www.ci.minneapolis.mn.us/inspections

For Office Use Only	
T#	
$	
PERMIT#	

BUILDING / STREET USE APPLICATION

TISH _____

MAC _____

JOB ADDRESS

BLDG NAME (IF KNOWN):	BLDG #:	STREET NAME:	STREET DIR:

OWNER / OCCUPANT NAME:	OWNER / OCCUPANT PHONE:
TYPE OF WORK TO BE DONE: ☐ CONST ☐ INSTALL ☐ REPLACE ☐ ALTER ☐ REPAIR	VALUE OF WORK $

DESCRIPTION OF WORK:

FOR STREET USE PERMIT, DUMPSTER MUST BE PLACED AT THE CURB USING NOT MORE THAN 50 FEET OF CURB SPACE.

FOR DEPARTMENT USE ONLY

PW TRAFFIC ENGINEER APPROVAL: _____ CONTACTED BY:_____ DATE: _____

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:

HOMEOWNER APPLICANTS ONLY I hereby certify that I own and am now living at the dwelling for which the permit is being issued, and that the work is being performed by me or a member of my immediate family. I understand that, for the purposes of this application, my immediate family is limited to my parent, child or child's spouse.	INITIAL HERE	ESTIMATED VALUE OF MATERIALS $

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

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

☐ MASTER CARD ☐ VISA ☐ AMEX	ACCOUNT #	EXP DATE: Mo_____ YR_____