



Fire and Building Safety (FABS)

City of Elk River
13065 Orono Pkwy. NW
Elk River, MN 55330

**Inspection scheduling:
763.635.1060**

ERFD.FABS@ElkRiverMN.gov

City of Elk River

Fire and Building Safety Division (FABS)

Residing Permit Application

Office Use Only

Notes - Scan

Permit Total

Date _____ Permit # _____ PID # _____ \$ _____

Site Address _____ Suite/Unit _____

Structure Type Single Family Townhouse Multi-family Commercial Garage Outbuilding Shed

Construction Type New Addition Remodel Repair Alter. Other _____

The Applicant Is Owner Contractor Other _____

Property Owner

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Contractor

Name _____ License/Bond _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ (Please Print Clearly)

Fax # _____ Email _____

Call for credit card payment Email permit/receipt (*All permits with plans will need to be picked up*)

Describe Work _____

_____ (Commercial) - # of Sq. Feet _____

Total Job Valuation \$ _____.

•This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

•I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction..

Signature of Contractor/Responsible Party _____ Print Name _____ Date _____

Signature of Property Owner _____ Print Name _____ Date _____

Inspector Use Only Called or L/M Date: _____ Int. _____

Last Modified 11/10/2015