



BUILDING DEPARTMENT
 1584 Hadley Avenue N
 Oakdale, MN 55128
 Phone: 651-739-5150
 Fax: 651-730-2820
 www.ci.oakdale.mn.us

FOR OFFICE USE ONLY		
PAYMENT RECEIVED IN FORM OF		
<input type="checkbox"/> CHECK (#)	<input type="checkbox"/> CASH	<input type="checkbox"/> CC (#)
		<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Disc.
PERMIT NUMBER:		

BUILDING PERMIT APPLICATION

JOB INFORMATION
Job Address:
Description of work to be done:
Estimated Value of all work (including labor and material): \$

APPLICANT INFORMATION
Applicant:
Day Phone: _____ Cell Phone: _____
Address:
City: _____ State: _____ Zip: _____
Check One: <input type="checkbox"/> Property Owner <input type="checkbox"/> Contractor (complete next line)
License #: _____ License Type: _____ Exp. Date: _____ **Lead Cert. #: _____

SIGNATURE
Applicant Signature: _____ Date: _____

***If MN licensed residential contractor, remodeler or roofer and not certified and the dwelling was built before 1978 complete the lead supplement.*

Issuance of a permit and inspections conducted do not constitute a guarantee of warranty from the City. The applicant hereby agrees to do all work in accordance with the ordinances of the City of Oakdale, State Building Code, and the requirements of the Building Department.

FOR CITY USE ONLY			
Permit Fee		Water Meter	
Plan Check		SAC	
Surcharge		City SAC	
Fire Surcharge		WAC	
Street Clean-up		Park Dedication	
SWMF		PERMIT TOTAL	\$
Escrow Deposit (Provide separate check and complete the escrow deposit form)			\$
TOTAL FEES DUE			\$

APPROVALS	
Bldg Dept.	Date
Eng. Dept.	Date
Planning Dept.	Date