



CITY OF NORTH MANKATO  
 1001 BELGRADE AVENUE  
 NORTH MANKATO, MN 56003  
 507-625-4141 FAX 507-625-4151

Permit No. \_\_\_\_\_

Invoice No. \_\_\_\_\_

Application for Building Permit  
 City of North Mankato, Minnesota

Project Address: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner's Address (if different): \_\_\_\_\_

Owner's Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Description of Work: \_\_\_\_\_

\_\_\_\_\_

Value: \$ \_\_\_\_\_

General Contractor (if other than owner): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

License #: \_\_\_\_\_

Electrician: \_\_\_\_\_

Plumber: \_\_\_\_\_

HVAC: \_\_\_\_\_

For Office Use Only

Building Fee: \$ \_\_\_\_\_

State Surcharge: \$ \_\_\_\_\_

Plan Review Fee: \$ \_\_\_\_\_

Investigative Fee: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_