PAUL

CITY OF ST PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 ST. PAUL, MINNESOTA 55101-1806 Phone: 651-266-8989 Fax: 651-266-9124

General Building Permit Application



Phone: 651-266-8989 Fax: 651-266-9124 Visit our Web Site at www.stpaul.gov/dsi		CITY OF SAINT PAUL		
Site Address Number Street Name 823 Englewood	suite/Apt. # City ave St. & F. Pan	State ZIP	Building/Project Name Triplex	
The second secon	The state of the s	ulti Family Dupl	AND THE RESIDENCE OF THE PARTY	
		11 1 1000	el or Alter Repair	
Select Type of Work: New Const		Weilloo	el of Airel	
Description of Project:	or 3 tripled			
Project Contacts: (Contact Person & Business	Name)			
pplicant Address			Email	
Mova Homes Inc.	City State	e Zip	Phone	
Property Owner	Address		Email '	
AAG invesment	City State Zip		Phone	
Architect	Address		Email	
	City State	e Zip	Phone	
Contractor Nova Homes Inc	Address 716 comby & #148 City Blaine State	J W NE	Email No. 10 11 10 120 162 1	
Project Manager Paul Malinstry	City Blane State	Zip	Nova Hones ma Wgm.	
State Building Contractor License # 13C729 645			612-636-4833	
COMMERCIAL NEW AND ADDITION	PROJECTS ONLY: Electronic Pl	an Review Reques	ted ⊠Yes □No	
Paper Plans are not required for an Electronic			2000	
REQUIRED Email address to receive upload				
Existing Use: +1.7/ex		Estimated Project Start:		
Proposed Use: 1-egal +ripex		Estimated Project Completion:		
Project Valuation:		Residential Project Information:		
For Mixed Commercial/Residential buildings enter information for BOTH Residential & Commercial Use		Number of Exis	iting Dwelling Units	
Estimated Value of Institutional Work	\$	Final Number of Dwelling Units		
Estimated Value of Mixed Use Work	\$	Number of Dwelling Units impacted		
Estimated Value of Commercial Work	J		f Windows Installed	
Estimated Value of Residential Work	d Value of Residential Work \$		Number of Roofing Squares Installed (1 Square = 100 Square Feet) Number of Siding Squares Installed (1	
TOTAL Value of Project	5	Square = 100 Square Feet)		
Applicant listed on Building Permit application certifies the	t all partinent state regulations and city ordinance:	s will be complied with in perfo	rming the work for which this permit is issued.	
APPLICANT NAME (PRINT)	h		Permit# STAFF USE ONLY	
APPLICANT SIGNATURE	Paul Malus to		Application Date: 9/8/2	

Please make sure second page is submitted when turning in application

Payment information will be sent to your email with instructions. Please send application to: DSI-BuildingPlanReview@ci.stpaul.mn.us; or mail to: 375 Jackson Street, Suite 220, Saint Paul, MN; or walk-ins are accepted

Additional information required on back page for New Structure or Addition Projects