



**Development Review
Customer Service Center**
250 South 4th Street – Room 300
Minneapolis, MN 55415 – 1316
Office 612-673-3000 or 311
Fax 612-370-1416
TTY 612-673-2157
www.minneapolismn.gov/mdr

<i>Office Use Only</i>	
Routing# _____	T# _____
Amount\$ _____	Permit# _____
Development Coordinator _____	
Signature	Date
Director's Orders (249 Property) <input type="checkbox"/> Yes <input type="checkbox"/> No	

WRECKING / MOVING APPLICATION

JOB ADDRESS (PLEASE INCLUDE BLDG. #, STREET NAME & DIRECTION & BLDG. NAME IF KNOWN)					
OWNER & PHONE NUMBER			OCCUPANCY TYPE:		
			RESIDENTIAL		
			COMMERCIAL		
SCOPE OF PROJECT (include all removals):					
BUILDING SIZE:	WIDTH:	DEPTH:	HEIGHT:	NO. OF STORIES	GROUND FLOOR SQ. FT:
PROPERTY ID NUMBER:					DISTURBED AREA SQ. FT:
VALUATION OF WORK:		SAC CREDITS (Office Use Only):		LIVING UNITS: (note dwelling, shared bath, rooming, or hotel/motel)	
		BY _____		BY _____	

APPROVALS (requires authorized signatures)	
RPZ SIGN OFF (PUBLIC SERVICE CENTER):	SEWER DEPARTMENT (PUBLIC SERVICE CENTER):
ELECTRIC:	WATER DEPARTMENT (PUBLIC SERVICE CENTER):
TELEPHONE:	PEST ABATEMENT (PUBLIC SERVICE CENTER):
GAS:	HENNEPIN COUNTY (REAL ESTATE TAXES):
CABLE SYSTEMS:	CPED PRESERVATION AND DESIGN (PUBLIC SERVICE CENTER):
ELEVATOR (PUBLIC SERVICE CENTER):	PUBLIC WORKS, TRAFFIC (MOVING PERMIT ONLY!)
HYDRANT PERMIT (PUBLIC SERVICE CENTER):	CERTIFICATE OF COMPLIANCE (PUBLIC SERVICE CENTER):

I 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 license or professional license. Homeowners shall not hire unlicensed persons to perform work under any building, electrical, mechanical, or plumbing permit.

SIGNATURE _____ DATE _____

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

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

ALL MAJOR CREDIT CARDS ACCEPTED	ACCOUNT#	CVV#	EXP DATE: Mo ___ Yr ___
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