Minneapolis Development Review
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

Office Use Only

Routing#_____ **T#**_____

Amount$_____ **Permit#**_____

Development Coordinator _____
Signature **Date**

Director's Orders (249 Property) **Yes** **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): _____ BY _____				LIVING UNITS: (note dwelling, shared bath, rooming, or hotel/motel) _____ BY _____
DEVELOPER & PHONE NUMBER (if known)					
PROPOSED DEVELOPMENT: (if known)				WHAT IS THE STATUS OF THE DEVELOPMENT APPROVALS?(if known)	

APPROVALS (requires authorized signatures)	APPROVALS (requires authorized signatures)
READY FOR SERVICE UTILITY CUTOFFS ON:	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 (CALL 612-673-3574 FOR AUTHORIZATION):	PUBLIC WORKS, TRAFFIC (CITY HALL) **(MOVING PERMIT ONLY!)**

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: MN	ZIP CODE:	CONTACT PHONE #:

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

☐ **MC** ☐ **VISA** ☐ **AMEX** ☐ **DINERS CLUB**	**ACCOUNT#**	**EXP DATE: Mo____Yr____**