



City of Hopkins Inspections Division

1010 1st Street South, Hopkins, MN 55343 | 952-548-6320
www.hopkinsmn.com | HopkinsInspections@hopkinsmn.com

For Office Use Only

S.A.C. Charge Yes No

Permit #: _____

Authorization to Issue: _____

Issued: _____

Building Permit Application

Site Address _____ ZIP _____ Date _____

1. Owner Information (Required)

Name _____ Phone _____

Address _____ City _____ State _____ ZIP _____

Email _____

2. Applicant Information

Name _____ Phone _____

Address _____ City _____ State _____ ZIP _____

Email _____

Company Name _____

State License Number _____ Lead Certification Nat Number _____

3. Project Information

Total Project Valuation \$ _____

Your permit will not be processed if this is left blank.

Check one

Check one

Check one

Residential	Single-Family Duplex/Two-Family Townhome	Addition Deck Demolish Structure Detached Garage Light Interior Demo New Construction (primary structure)	Remodel/Repair/ Tenant Finish Reroof Reside Solar Windows
Commercial	Apartments Other Commercial		

4. Project Description *All Re-roof permits must include type of shingles, underlayment material and the total size of the roof*

5. Architect/Engineer

Contact Person _____

Company Name _____ Phone _____

Address _____ City _____ State _____ ZIP _____

Email _____

Certification

Separate permits are required for Electrical, Building, Plumbing, Signs and Fences. This permit becomes null and void if the work authorized is not commenced within 180 days of the date of issuance, or if the work is abandoned or suspended for a period of 180 days. All provisions of laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other Federal, State or Local law regulating construction or the performance of construction activities. This permit may be revoked at any time for due cause.

I hereby certify that I have read and examined this application and know the same to be true and correct.

X Applicant Signature _____ **Date** _____