



COMMERCIAL & INDUSTRIAL BUILDING PERMIT APPLICATION

Please return application and plans as needed with the
property address in the subject line to permits@daytonmn.gov

APPLICANT IS:		OWNER		CONTRACTOR	
SITE ADDRESS:			SUITE #:		
CITY:		STATE:		ZIP:	
SITE BUSINESS NAME:					
LEGAL DESCRIPTION:		LOT:	BLOCK:	SUBDIVISION:	
PROPOSED USE FOR NEW BUILD:					
JOB DESCRIPTION:					
SQUARE FOOT:				VALUATION OF WORK (excluding land):	

IS BUILDING SPRINKLED? YES NO STANDPIPES? YES NO

OWNER	
OWNER NAME:	
OWNER ADDRESS:	
OWNER CITY, STATE, ZIP:	
OWNER EMAIL:	
OWNER PHONE:	

CONTRACTOR:	GENERAL	MECHANICAL	PLUMBING
CONTRACTOR NAME:		LICENSE:	
CONTRACTOR ADDRESS:			
CONTRACTOR CITY, STATE, ZIP:			
CONTRACTOR EMAIL:			
CONTRACTOR PHONE:			

ARCHITECT	
ARCHITECT NAME:	LICENSE:
ARCHITECT EMAIL:	
ARCHITECT PHONE:	

ENGINEERS	
CIVIL ENGINEER:	LICENSE:
STRUCTURAL ENGINEER:	LICENSE:
MECHANICAL ENGINEER:	LICENSE:
ELECTRICAL ENGINEER:	LICENSE:
ENGINEER EMAIL:	

THE FIRE MARSHAL IS REQUIRED TO DO AN INSPECTION ON FIRE RELATED ITEMS- SEE CHECKLIST

THE UNDERSIGNED HEREBY AGREES THAT, IN CASE SUCH PERMIT IS GRANTED, THAT
ALL WORK WHICH SHALL BE DONE AND ALL MATERIALS WHICH SHALL BE USED SHALL
COMPLY WITH THE PLANS AND SPECIFICATIONS HERewith SUBMITTED AND WITH ALL
THE ORDINANCES OF SAID CITY OF DAYTON APPLICABLE HERETO.

NAME OF APPLICANT (please print)

APPLICANT SIGNATURE

DATE

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OFFICE USE ONLY

BUILDING PERMIT TYPE:

ADDITIONAL FEES:

REQUIRED INSPECTIONS:

FOOTING
FOUNDATION
FRAMING
FIREPLACE
INSULATION
SITE
OTHER
BUILDING FINAL

CODE INFORMATION:

IBC OCCUPANCY GROUP
TYPE OF CONSTRUCTION
FIRE SUPPRESSION SYSTEM
ZONING DISTRICT
CODE EDITION
USE

REQUIRED APPROVAL

ZONING ADMINISTRATOR:

DATE:

CITY ENGINEER:

DATE:

FIRE MARSHAL:

DATE:

BUILDING INSPECTOR:

DATE:

COMMENTS: