



Minneapolis Development Review  
 250 South 4<sup>th</sup> Street – Room 300  
 Minneapolis, MN 55415 – 1316

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 Fax 612-370-1416  
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 www.ci.minneapolis.mn.us/mdr

<i>Office Use Only</i>	
Routing# _____	T# _____
Amount\$ _____	Permit# _____
Development Coordinator _____	_____
Signature	Date

## STREET USE APPLICATION

JOB ADDRESS (PLEASE INCLUDE BLDG.#, STREET NAME & DIRECTION & BLDG NAME IF KNOWN)	
OWNER / OCCUPANT NAME:	OWNER / OCCUPANT PHONE:

NUMBER OF DAYS *	CHECK ONE
30 Days	<input type="checkbox"/>
60 Days	<input type="checkbox"/>
90 Days	<input type="checkbox"/>

\* The number of days begins when the permit is issued.

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.

<b>SIGNATURE:</b> _____		<b>DATE:</b> _____	
COMPANY NAME:		CONTRACTOR LICENSE #:	
COMPANY ADDRESS:		CONTACT PERSON:	
CITY:	STATE:	ZIP CODE:	CONTACT PHONE #:

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

<input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DINERS CLUB   ACCOUNT# _____	EXP DATE: Mo _____ Yr _____
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<b>FOR PUBLIC WORKS DEPARTMENT USE ONLY</b>	
PW TRAFFIC ENGINEER APPROVAL _____	CONTACTED BY _____ DATE _____