



**STATE OF MINNESOTA
DEPARTMENT OF
LABOR AND INDUSTRY
443 Lafayette Road North
St. Paul, MN 55155-4344**

Tel: 651.284.5831

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PLEASE DELIVER THE FOLLOWING TO:

NAME: Residential Building Contractor Unit
Construction Code and Licensing Division

FAX: (651) 284-5749

DATE: _____

FROM: _____ (City or County)

_____ (Contact Person)

PHONE: _____

RE: _____ (Property Address)

TOTAL NUMBER OF PAGES INCLUDING COVER LETTER: _____

A building permit application for new construction has been submitted by the following applicant, _____, for the property located at, _____.

Attached please find a copy of the building permit application.

CONFIDENTIALITY NOTE

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