

952-882-2650 <u>savageinspections@cityofsavage.com</u> cityofsavage.com

## **RESIDENTIAL PERMIT CONTACT FORM**

Complete this contact form and submit it electronically to the **DOCUMENTS FILE** folder in ePlans. **Incomplete** submittals or illegible plan review documents will be rejected.

## CONTACT FORM MUST BE FILLED OUT COMPLETELY AND INCLUDED WITH YOUR EPLAN SUBMITTAL

PROPERTY INFORMATION						
Site Address:					*Parcel ID:	
Lot:	Block:	Subdivision:				
Property Owner Name:					Phone:	
Email:	Estimated Val	timated Value of Work nclude labor)		\$		
Description of Work to be Completed:						
APPLICANT/CONTRACTOR INFORMATION						
Applicant Name:					License #:	
Applicant Email:					Phone:	
Contractor Business Name (if applicable):					Phone:	
Contractor Contact Name:				Email:		
SUBCONTRACTOR INFORMATION (if applicable)						
Plumbing:		Phone:		License #:		
Mechanical:		Phone:		License #:		
Fire:		Phone:		License #:		
Water/Sewer:			Phone:		License #:	

<sup>\*</sup>You can find your Parcel ID number at <a href="www.scottcountymn.gov">www.scottcountymn.gov</a>