



**CITY OF ST. CLOUD
BUILDING DEPARTMENT**

APPLICATION FOR MASTER FILING

All applicable information must be completed prior to submittal

MASTER FILE NUMBER OR NAME: _____

Edition of Building Code Used: _____

Project Name: _____

Contractor: _____ License #: _____

Address: _____

Phone #: _____ Fax #: _____ E-mail: _____

Parcel Number: _____ Building #: _____

Model Number or Name: _____

Lot Number: _____ Subdivision: _____

Architect of Record Designer: _____ License #: _____

Address: _____

Phone #: _____ Fax #: _____ E-mail: _____

Engineer of Record: _____ License #: _____

Address: _____

Phone #: _____ Fax #: _____ E-mail: _____

Name of Builder/Developer: _____

Type or Print

Signature of Builder/Developer: _____