



BUILDING PERMIT APPLICATION

City Hall (952) 466-2064
 Inspections (763) 479-1720
 Inspections Fax (763) 479-3090

Permit No. _____

Date Issued: _____

CONTRACTOR'S LICENSE NO.		DATE	FEES
SITE ADDRESS		ZIP CODE	
LEGAL DESCRIPTION			
LOT _____	BLOCK _____		
ADDITION _____		PARCEL NUMBER _____	PERMIT: _____
OWNER (Name)	(Address)	(Tel. No.)	PLAN CHECK: _____
ARCHITECT (Name)	(Address)	(Tel. No.)	INVESTIGATION: _____
BUILDER (Name)	(Address)	(Tel. No.)	SITE: _____
TYPE OF WORK Fireplace <input type="checkbox"/> Septic <input type="checkbox"/> Heating <input type="checkbox"/> Plumbing <input type="checkbox"/> Reroofing <input type="checkbox"/> New Construction <input type="checkbox"/> Alterations <input type="checkbox"/> Addition <input type="checkbox"/> Finish Basement <input type="checkbox"/> Residing <input type="checkbox"/> Deck <input type="checkbox"/> Porch <input type="checkbox"/> Garage <input type="checkbox"/> Chimney <input type="checkbox"/> Misc. _____			FIREPLACE: _____ /SC _____
SIZE OF STRUCTURE (Height) (Width) (Depth)	NO. OF STORIES	ESTIMATED VALUE	MECHANICAL: _____ /SC _____
COMPLETION DATE	PROPERTY DIMENSION Width _____ Depth _____	NO. OF FAMILIES (if applicable)	GAS FITTING: _____ /SC _____
PROPOSED ELEVATION IN RELATION TO CURB OR WATERWAY _____ ELEV.	PROPERTY AREA OR ACRES Sq. Ft. _____	CULVERT SIZE Yes _____ No _____	PLUMBING: _____ /SC _____
FRONT YARD set back from road property Ft. _____	REAR YARD set back Ft. _____	SIDE YARDS set back Right Sd. _____ Left Sd. _____	TRAIL: _____
MISCELLANEOUS			TRANSPORTATION: _____
SPECIAL CONDITIONS It is my responsibility to locate and establish the elevations if needed of all site improvements. Required adjustments at my expense.			EROSION CONTROL: _____
			WATER/SEWER PERMIT: _____
			WATER METER: _____
			WATER HOOKUP: _____
			SEWER HOOKUP: _____
			WATER TRUNK: _____
			SEWER TRUNK: _____
			OTHERS: _____
			CONTRACTORS LICENSE: _____
			SURCHARGE: _____
			TOTAL FEES: _____
			ERT # _____
			WATER METER # _____
CODE ANALYSIS			
TYPE OF CONST. _____			
USE OF BLDG. _____			
OCCUPANCY GROUP _____			
OCCUPANCY LOAD _____			
ZONING DISTRICT _____			
VARIANCE GRANTED, DATE _____			
MATERIAL FILED W/APPLICATION			
SOILS REPORT <input type="checkbox"/> Borings <input type="checkbox"/> Percolation <input type="checkbox"/> Compaction Tests <input type="checkbox"/>			
PLANS AND SPECS. <input type="checkbox"/> Sets _____			
SURVEY <input type="checkbox"/> Copies _____			
ENERGY CALCULATIONS <input type="checkbox"/>			
PILING LOGS <input type="checkbox"/>			
FIRE SPRINKLERS REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO			
SPECIAL APPROVALS			
ZONINGS _____			
FIRE DEPT. _____			
HEALTH DEPT. _____			
PUBLIC WORKS _____			
COUNTY _____			
OTHER _____			
CERTIFICATE OF OCCUPANCY ISSUED			
DATE _____ BY _____			

ACKNOWLEDGMENT AND SIGNATURE:

The undersigned hereby agrees that all work and materials used shall comply with City approved plans and specification, MN Building Code, MN Fire Code and all City Ordinances. I agree that all fees and expenses incurred by the City in processing this application, including professional service costs, are the responsibility of the permit applicant and property owner and must be paid immediately upon receipt of permit, or the City may approve a special assessment to be 100% paid in the year assessed. The property owner hereby waives any and all appeals provided by MN Statutes 429.081 as amended. All fees and expenses are due whether the permit application is approved or denied.

SIGNATURE OF APPLICANT

APPROVED BY BUILDING INSPECTOR