



BUILDING PERMIT APPLICATION

City Hall (763) 497-3777
 City Hall Fax (763) 497-1873
 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 FEE _____ PLAN CHECK FEE _____ INVESTIGATION FEE _____ WATER CONNECTION _____ SEWER CONNECTION _____ FIREPLACE _____ /SC _____ PLUMBING FEE _____ /SC _____ SEPTIC FEE _____ MECHANICAL FEE _____ /SC _____ WATER METER _____ SAC/WAC FEE _____ EROSION CONTROL _____ LANDSCAPING _____ INFRASTRUCTURE _____ OTHERS _____ SURCHARGE FEE _____ TOTAL FEE _____							
OWNER (Name) _____ (Address) _____ (Tel. No.) _____	ARCHITECT (Name) _____ (Address) _____ (Tel. No.) _____		CODE ANALYSIS							
BUILDER (Name) _____ (Address) _____ (Tel. No.) _____	NO. OF FAMILIES (if applicable) _____									
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. _____			ZONING DISTRICT _____							
SIZE OF STRUCTURE (Height) (Width) (Depth) _____	NO. OF STORIES _____	ESTIMATED VALUE _____								
COMPLETION DATE _____	PROPERTY DIMENSION (Width) (Depth) _____	CULVERT SIZE (Yes) (No) _____	VARIANCE GRANTED, DATE _____							
PROPOSED ELEVATION IN RELATION TO CURB OR WATERWAY. _____ ELEV. _____	PROPERTY AREA OR ACRES (Sq. Ft.) _____	SIDE YARDS set back (Right Sd.) (Left Sd.) _____								
FRONT YARD set back from road property (Ft.) _____	REAR YARD set back (Ft.) _____	OFF STREET PARKING SPACES REQ. _____ SPACES ON PLAN _____								
MISCELLANEOUS _____ _____ _____ _____ _____ _____ _____										
SPECIAL CONDITIONS <u>It is my responsibility to locate and establish the elevations if needed of all site improvements. Required adjustments at my expense.</u>			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"/>							
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 _____	FIRE SPRINKLERS REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">SPECIAL APPROVALS</td> </tr> <tr> <td>ZONINGS _____</td> <td>FIRE DEPT. _____</td> </tr> <tr> <td>HEALTH DEPT. _____</td> <td>PUBLIC WORKS _____</td> </tr> <tr> <td>COUNTY _____</td> <td>OTHER _____</td> </tr> </table>				SPECIAL APPROVALS		ZONINGS _____	FIRE DEPT. _____	HEALTH DEPT. _____	PUBLIC WORKS _____	COUNTY _____
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COUNTY _____	OTHER _____									
CERTIFICATE OF OCCUPANCY ISSUED			CERTIFICATE OF OCCUPANCY ISSUED DATE _____ BY _____							
DATE _____ BY _____										