



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: _____

SITE ADDRESS		ZIP CODE
CONTRACTOR'S LICENSE NO.		DATE
EMAIL		
LEGAL DESCRIPTION		
LOT _____ BLOCK _____		
ADDITION _____ PARCEL NUMBER _____		
OWNER	(Name)	(Address) (Tel. No.)
ARCHITECT	(Name)	(Address) (Tel. No.)
BUILDER	(Name)	(Address) (Tel. No.)
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"/> Misc. _____		
SIZE OF STRUCTURE (Height) (Width) (Depth)	NO. OF STORIES	ESTIMATED VALUE
COMPLETION DATE	PROPERTY DIMENSION Width Depth	NO. OF FAMILIES (if applicable)
PROPOSED ELEVATION IN RELATION TO CURB OR WATERWAY. _____ ELEV.	PROPERTY AREA OR ACRES Sq. Ft.	CULVERT SIZE Yes No
FRONT YARD set back from road property Ft.	REAR YARD set back Ft.	SIDE YARDS set back Right Sd. Left Sd.
MISCELLANEOUS		
_____ _____ _____ _____ _____		
SPECIAL CONDITIONS It is my responsibility to locate and establish the elevations if needed of all site improvements. Required adjustments at my expense.		

FEES	
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	_____

ERT # _____
 WATER METER # _____

CODE ANALYSIS	
TYPE OF CONST.	_____
USE OF BLDG.	_____
OCCUPANCY GROUP	_____
OCCUPANCY LOAD	_____

ZONING DISTRICT _____

VARIANCE GRANTED, DATE _____

OFF STREET PARKING	
SPACES REQ.	_____
SPACES ON PLAN	_____

MATERIAL FILED W/APPLICATION	
SOILS REPORT	<input type="checkbox"/> Borings <input type="checkbox"/> Percolation <input type="checkbox"/> Compaction Tests
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
 YES 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 _____ DATE _____ APPROVED BY BUILDING INSPECTOR _____

For Inspections, Please Call 763-479-1720 • Metro West Inspection

White - City's Copy Yellow - Inspector's Copy Pink - Applicant's Copy Gold - Assessor's Copy