

BUILDING PERMIT/APPLICATION

CITY OF GOODVIEW
507-452-1630

FOR INSPECTIONS CALL
507-282-8206

Date Received: _____ Received By: _____ Permit #CMS-_____

-----APPLICANT COMPLETE INFORMATION BELOW-----

Project Address: _____ PID#: _____

Property Owner: _____ Phone _____

Address: _____ City: _____ Zip: _____

General Contractor: _____ License # : _____ Phone: _____

Plumbing Contractor: _____ License # : _____ Phone: _____

Mechanical Contractor: _____ Phone: _____

Proposed Use [Check One]: Dwelling ___ Private Garage ___ Deck ___ Home Addition ___

Pole Building ___ Finish Basement ___ Three Season Porch ___ Business/Commercial ___

Fireplace ___ Reroof ___ Siding ___ Furnace ___ Water Heater ___ Other _____

Description of Project: _____

Estimated Value: _____

Contractor Email: _____

This permit is Null and VOID after 180 days. This means you have this amount of time to complete your permit. You may apply for an extension if one is needed to complete your project. Please be aware of when you pull your permit and the amount of time you need to complete your permit.

Name [please print]: _____ Address: _____

City: _____ Zip: _____ Phone: _____

Signature: _____ Date: _____

-----CITY USE ONLY-----

PLANNING: Zoning District: _____ Minimum Setbacks Required: Front _____

Side _____ Rear _____ Road Right of Way _____ Other: _____

Approved By: _____ Date: _____

Subject to the following conditions : _____

BUILDING: Approved By: _____ Date: _____

-----FEES-----

Building Permit: _____ Plan Review: _____ State Surcharge: _____

Plumbing Permit: _____ Plan Review: _____ State Surcharge: _____

Mechanical Permit: _____ Plan Review: _____ State Surcharge: _____

Zoning Fee: _____

TOTAL DUE: _____

Date Issued: _____ **Issued By:** _____ **Receipt #** _____