



Building, Plumbing, and Zoning Permit Application

Date Received: _____ Received by: _____ Permit #: _____

Property Owner: _____ Phone: _____

Project Address: _____ PID #: _____

Legal Description: _____

Contractor: _____ License # _____ Phone: _____

Class of work: ___ New ___ Addition ___ Alteration ___ Repair ___ Move ___ Remove

Work includes: ___ Building ___ Plumbing ___ Demolition

Description of Work: _____

Proposed Use: _____ Valuation of Work for which permit is applied for \$ _____

ZONING INFORMATION

Zoning Distr. _____
Use is: ___ Permitted ___ Conditional
Lot is ___ Interior ___ Corner ___ Tract
Lot Frontage _____ Lot Dimensions _____
Lot Area _____ Required Area _____
Set Back _____ Side Yards _____ and _____
Off Street Pk. Covered _____ Uncovered _____
No. of Dwelling Units _____ Ht. _____
Variance Required ___ No ___ Yes
Hearing Required ___ No ___ Yes

ACCESSORY BUILDINGS

Use is: ___ Permitted ___ Conditional
Side Yard and Rear Yard _____
Height _____

PERMIT FEES

BUILDING \$ _____
PLUMBING TOTAL \$ _____
ZONING (Cond or Var) \$ _____
TOTAL FEES \$ _____

When signed by the Supervisor of Zoning or his agent, this application shall constitute a building permit for the work herein described.

Approved on: _____

Supervisory of Zoning _____

PLUMBING INFORMATION

Water Service ___ City ___ Private Well
Sewer Service ___ City ___ Private System
No. _____
___ Water Closet (Toilet) ___ Drinking Fountain
___ Bathtub ___ Floor Drain
___ Lavatory (Bath Sink) ___ Slop Sink
___ Shower ___ Gas Systems: No. Outlets
___ Kitchen Sink ___ Disposal ___ Waste Interceptor-Flam Waste Trap
___ Dishwasher ___ Grease Trap
___ Laundry Trap ___ Roof Drains
___ Clothes Washer ___ Vacuum Brkrs, press vac brk, RPZ valve
___ Water Heater ___ Lawn Sprinkler System
___ Urinal ___ Water Softner
___ Septic Tank & Drain Field (County Inspection)
___ Fire Sprinkler System

Plumbing Permit Fee \$ _____
No. of fixtures _____ X _____ = \$ _____
Water/Sewer Permit Fee = \$ _____
Total Plumbing \$ _____

NOTICE

A SEPARATE PERMIT IS REQUIRED FOR ELECTRICAL WORK. (STATE OF MINN)
STATE ELECTRICAL INSPECTOR _____ PHONE # _____

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 120 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 120 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT _____

DATE _____

SIGNATURE OF OWNER _____

DATE _____