



**BUILDING PERMIT
 APPLICATION**

Permit No. _____
 Date _____
 Receipt No. _____
 Sent to Assessor _____

CONTRACTOR'S LICENSE NO. _____		1. DATE _____		FEES	
2. SITE ADDRESS _____				Permit Fee _____	
3. LEGAL DESCRIPTION: ADDITION _____ BLOCK _____ LOT _____ SECTION _____ PROPERTY I.D. NO. _____				Plan Check Fee _____	
4. OWNER (Name) _____ (Address) _____ (Phone No.) _____				Penalty Fee _____	
5. ARCHITECT (Name) _____ (Address) _____ (Phone No.) _____				Site Fee _____	
6. BUILDER (Name) _____ (Address) _____ (Phone No.) _____				Fireplace _____	
7. TYPE OF WORK: Fireplace <input type="checkbox"/> Chimney <input type="checkbox"/> Heating <input type="checkbox"/> Plumbing <input type="checkbox"/> Residing <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alterations <input type="checkbox"/> Finish Basement <input type="checkbox"/> Reroofing <input type="checkbox"/> Deck <input type="checkbox"/> Porch <input type="checkbox"/> Garage <input type="checkbox"/> Septic <input type="checkbox"/> Misc. _____				Plumbing Fee _____	
8. SIZE OF STRUCTURE (HxWxD) _____		9. NO. OF STORIES _____		Septic Fee _____	
11. COMPLETION DATE _____		12. PROPERTY DIMENSIONS _____		Mechanical Fee _____	
14. Proposed elevation in relation to curb/waterway: _____ elev.		15. Property area or acres _____		WWTF _____	
17. FRONT YARD setback from road property: _____ Ft.		18. REAR YARD setback _____ Ft.		Water Fee _____	
20. FLOOR AREA _____ AREA _____		19. SIDE YARD setback _____ right _____ left		Sewer Fee _____	
COMMENTS: _____ _____ _____				Surcharge Fee _____	
				Others _____	
				TOTAL FEE _____	
				CODE ANALYSIS	
				Type of Const. _____	
				Use of Bldg. _____	
				Occupancy Group _____	
				Occupancy Load _____	
				ZONING DISTRICT _____	
				FLOOD ZONE Yes <input type="checkbox"/> No <input type="checkbox"/>	
				OFF STREET PARKING	
				Spaces Req. _____	
				Spaces on Plan _____	
				MATERIAL FILED W/APPLICATION	
				Soils Report: Borings <input type="checkbox"/>	
				Percolation <input type="checkbox"/> Compaction Tests <input type="checkbox"/>	
				Plans and Specs <input type="checkbox"/> Sets _____	
				Survey <input type="checkbox"/> No. of Copies _____	
				Energy Calculations <input type="checkbox"/> Piling Logs <input type="checkbox"/>	
				FIRE SPRINKLERS REQUIRED	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
				SPECIAL APPROVALS	
				Zoning _____	
				Fire Dept. _____	
				Health Dept. _____	
				Public Works _____	
				County _____	
				Other _____	
				CERTIFICATE OF OCCUPANCY ISSUED	
				Date _____ By _____	

This permit shall expire if work authorized by this permit is not commenced within 180 days from the date of this permit, or if the work is suspended for a period of 180 days.

Enforcement and administration of the Minnesota State Building code is a public service and is limited in nature. This building permit and the subsequent building inspections are not to be construed or relied upon as any type of warranty, guarantee, or representation on the part of the City that the plans, construction, or finished product are in conformance with the provisions of the Minnesota State Building Code or other applicable construction standards. Further, the City assumes no responsibility or liability for damages of any nature allegedly arising out of the issuance of this permit or subsequent inspections.

Approval of this permit does not authorize the breaking of any law, resolution, or code.

ACKNOWLEDGMENT AND SIGNATURE:

The undersigned hereby agrees that, in case such permit is granted, that all work which shall be done and all materials which shall be used shall comply with the plans and specifications herewith submitted and with all the ordinances of said City of Princeton applicable thereto.

Signature of Applicant _____

Approved by Building Inspector _____

White - City's Copy

Yellow - Inspector's Copy

Pink - Applicant's Copy