

**APPLICATION FOR BUILDING PERMIT** Box 1  
**CITY OF BROWNTON**  
 335 3rd Street S., P.O. Box 238, Brownton, MN 55312  
 320-328-5318

For City Use Only: Box 2  
 Building Permit No. **BR -** **-20**  
 Date Received \_\_\_\_\_  
 Date Paid \_\_\_\_\_

**Residential**

R1  House or House Addition \$ \_\_\_\_\_  
 R2  Remodel (Applicant Valuation) \$ \_\_\_\_\_  
 R3  Attached Garage \$ \_\_\_\_\_  
 R4  Deck/Porch \$ \_\_\_\_\_  
 R5  Detached Garage/Accessory Use \$ \_\_\_\_\_  
 R6  Modular/Manufactured Home \$ \_\_\_\_\_

**Commercial**

C1  Architect - Required \$ \_\_\_\_\_  
 C2  Non-Architect (Includes Maint. Permits) \$ \_\_\_\_\_

**Maintenance - Residential** Box 3

All: (\$44.50 plus \$1.00 surcharge = \$45.50)

M1  Mechanical  
 M2  Reroof  
 M3  Siding  
 M4  Windows/Door - Same Size/Smaller  
 \*\*\* Enlarged Size - Requires remodeling permit (R2)  
 M5  Miscellaneous Repair

**Demolition** (Asbestos Inspection & lab fees not included)

D1  Residential(\$44.50 plus \$1.00 surcharge = \$45.50)  
 D2  Commercial(\$44.50 plus \$1.00 surcharge = \$45.50)

**Please Print:** Box 4

**Job Site Address** \_\_\_\_\_

**Owner's Name** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Owner's Address** \_\_\_\_\_

**Owner's Telephone Number** \_\_\_\_\_

**Contractor Name** \_\_\_\_\_ **License No.** \_\_\_\_\_

**Contractor Address** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Parcel Number** \_\_\_\_\_

**Legal Description** \_\_\_\_\_

**Description of Proposed Work** \_\_\_\_\_

**Use of Structure**

If this is a residential property - was it built prior to 1978? Yes \_\_\_ No \_\_\_

Will this project involve the disturbance of any lead-painted materials? Yes \_\_\_ No \_\_\_

Contractors Lead License#: \_\_\_\_\_

Every permit issued shall become invalid unless the work authorized by the permit is commenced within 180 days after its issuance, or if the work authorized by the permit is suspended or abandoned for a period of 180 days after the time the work commenced. Building permit card shall be posted in an easily accessible location at the job site during construction for the Building Official to sign off as inspections are completed. No part of any building area authorized by this permit may be occupied until final inspection and issuance of a Certificate of Occupancy (if applicable) by the Building Official. DO NOT BEGIN CONSTRUCTION UNTIL THIS PERMIT HAS BEEN VALIDATED AND BUILDING SETBACK LINE HAVE BEEN APPROVED BY THE ZONING ADMINISTRATOR.

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**NOTE: TWO SETS OF PLANS ARE REQUIRED WITH YOUR BUILDING PERMIT APPLICATION**

The issuance of this permit does not initiate an automatic inspection request. It shall be the duty of the permit holder or their agent to notify the building official that such work is ready for inspection (See IRC Sec. 109.3 and IBC Sec. 109.5)

**CITY ZONING USE ONLY** Box 5

Zoning District	_____	Floor Area Ratio	_____
Property Dimension	_____	Front Setback	_____
Property Area	_____	Rear Setback	_____
Building Area	_____	Side Setback	_____
Lot Coverage	_____	Building Height	_____

It is hereby certified that this proposed project meets zoning requirements for the City of Brownton.

\_\_\_\_\_  
 Zoning Approval Signature Date

**CALCULATED VALUATION** \$ \_\_\_\_\_ Box 6

**BUILDING PERMIT CHARGES**

Permit Fee \$ \_\_\_\_\_  
 Surcharge \$ \_\_\_\_\_  
**TOTAL FEE** \$ \_\_\_\_\_

**TOWNSHIP CHARGES**

Zoning Check \$ \_\_\_\_\_  
 Water Connect \$ \_\_\_\_\_  
 Sewer Connect \$ \_\_\_\_\_  
 Miscellaneous \$ \_\_\_\_\_  
**CITY CHARGES** \$ \_\_\_\_\_

**TOTAL SUM OF CHARGES** \$ \_\_\_\_\_

**FOR INSPECTIONS CALL 320-226-5189**

**APPROVED FOR ISSUANCE BY:** \_\_\_\_\_ Box 7  
 Signature of Building Official Date

**Type of Construction** \_\_\_\_\_ **Occupancy Class** \_\_\_\_\_

**For Inspections, please contact: Darin Haslip @ 320-226-5189**