

APPLICATION FOR BUILDING PERMIT Box 1 **For City Use Only:** Box 2
CITY OF BROWNTON
 335 3rd Street S., P.O. Box 238, Brownton, MN 55312
 320-328-5318

Building Permit No. BR - -18
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#: _____

Applicant's Valuation of Work:

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 Cokato.

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