

APPLICATION FOR BUILDING PERMIT

Box 1

For City Use Only:

Box 2

PAXTON TOWNSHIP

Redwood Falls , MN 56283

507-644-3183

Buildng Permit No. PT - 2026 -

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 \$ _____

R7 Plumbing and/or Mechanical \$ _____

Maintenance - Residential

Box 3

All: (\$65.00 plus \$1.00 surcharge = \$66.00)

M1 Mechanical/Plumbing

M2 Reroof

M3 Siding

M4 Windows/Door - Same Size/Smaller

*** Enlarged Size - Requires remodeling permit (R2)

M5 Miscellaneous Repair

Commercial

C1 Architect-Engineer - Required \$ _____

C2 Architect-Engineer - Not Required \$ _____

Demolition (Asbestos Inspection & lab fees not included)

D1 Residential (Valuation Based - See Appendix - B)

D2 Commercial (Valuation Based - See Appendix - B)

Please Print:

Box 4

Job Site Address _____

Owner's Name _____

Owner's Address _____

Owner's Telephone Number _____ Email Address: _____

Contractor Name _____ License No. _____

Contractor Address _____

Contractor Telephone Number _____ Email Address: _____

Description of All Proposed Work _____

Use of Structure

Applicant's Valuation of Work: _____

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: _____

NOTE: TWO SETS OF PAPER PLANS AND/OR ELECTRONIC PLANS REQUIRED WITH YOUR BUILDING PERMIT APPLICATION

Signature of Applicant: _____

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)

JURISDICTION 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 Paxton Township.

Zoning Signature Approval _____

Date _____

CALCULATED VALUATION \$ _____

Box 6

BUILDING PERMIT CHARGES

Permit Fee \$ _____

Plan Review \$ _____

Surcharge \$ _____

PERMIT FEE \$ _____

ZONING CHARGES

Zoning Check \$ _____

Water Connect \$ _____

Sewer Connect \$ _____

Miscellaneous \$ _____

ZONING CHARGES \$ _____

TOTAL SUM OF CHARGES \$ _____

FOR INSPECTIONS CALL 320-226-5189

Box 7

APPROVED FOR ISSUANCE BY: _____

Signature of Building Official

Date

Type of Construction _____

Occupancy Class _____

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