



BUILDING/ZONING Permit Application

| |
|------------------------|
| Office Use Only |
| APPLICATION NO. _____ |

City of Stewartville Township of _____

Related Records: _____

MANDATORY SUBMITTAL INFORMATION:

1. **2 Copies of site plan** - including distance from other structures, property lines, public streets, easements, septic tanks, drainfields and all wells.
2. **2 Sets of drawings with specifications** - per type of structure.
3. **Townhouse Fire Sprinkler** - New Structure
4. **Energy Calculations**

| | | | | | |
|--|---|----------------------|-------------------------------|--------------------------|------------------|
| Site Address: _____ | | | | | |
| Number | Street | City / State | | Zip | |
| TOWNSHIP/SECTION | SUBDIVISION or METES & BOUNDS DESCRIPTION | BLOCK | LOT | PLAT | PARCEL |
| | | | | | |
| Applicant: Property Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other <input type="checkbox"/> describe: _____ Project Name: _____ | | | | | |
| PROPERTY OWNER | Name _____ | | Phone (____) _____ | | Work / Residence |
| | Last | First | MI | | |
| | Address _____ | | Fax (____) _____ | | |
| | Number | Street | | | |
| | City _____ | | State _____ | Zip Code _____ | |
| | E-mail _____ | | | | |
| CONTRACTOR/ OTHER | Company _____ | | Phone (____) _____ | | Work / Cellular |
| | Contact _____ | | Fax (____) _____ | | |
| | Last | First | MI | | |
| | Address _____ | | State Lic. No. _____ | | |
| | Number | Street | | Expires: ___ / ___ / ___ | |
| | | City _____ | | State _____ | Zip Code _____ |
| | E-mail _____ | | | | |
| | EPA Lead Abatement Cert. No.: _____ | | | | |
| ARCHITECT/ DESIGNER/ ENGINEER | Company _____ | | Phone (____) _____ | | Work / Cellular |
| | Contact _____ | | Fax (____) _____ | | |
| | Last | First | MI | | |
| | Address _____ | | Registration No. _____ | | |
| | Number | Street | | (State of MN) | |
| | City _____ | | State _____ | Zip Code _____ | |
| | E-mail _____ | | | | |
| CONTRACTORS | COMPANY NAMES: | | | | |
| | Well: _____ | New ___ Existing ___ | | | |
| | Septic: _____ | New ___ Existing ___ | | | |
| | No. Bedrooms (Including Future): _____ | | Garbage Disposal: Y ___ N ___ | | |
| CONTRACTORS | Footing: _____ | | | | |
| | Poured Wall: _____ | | | | |
| TRADES | COMPANY NAMES: | | | | |
| | Plumbing / Gas Piping: _____ | | \$ _____ | | |
| | Mechanical / A/C: _____ | | \$ _____ | | |
| | Fireplace(s) Qty: _____ | | \$ _____ | | |
| | (Electrical - separate application through state) | | | | |
| VALUATION (Materials + Labor) DO NOT Combine Valuations: | | | | | |

PROJECT DESCRIPTIONS:

RESIDENTIAL (NEW)

- Footing/Foundation
- Single Family
- Two Family – Circle:
(Attached-Duplex/Twnhm/Condo)
- Multi-Family - 3 & 4 Units
- 5 or more Units
- Garage Slab Only
- Garage:
No. of cars: _____
 attached detached
- No. Bedrooms -
Including Future: _____
- Garbage Disposal: Y N

RESIDENTIAL (EXISTING)

- Footing/Foundation
- Deck
- Addition
No. Bedrooms: New _____ Existing _____
- Alterations
(Val. of Mat's + Labor) \$ _____
No. Bedrooms: New _____ Existing _____
- Garage Addition:
No. of cars: _____
 attached detached

Original structure built (year): _____

COMMERCIAL (NEW)

- Church/Religious
- Footing/Foundation
- Hospital Institutional
- Hotel or Motel
- Industrial/Warehouse
- Office/Bank
- Parking Garage
- Public Works & Util.
- Recreational
- School/Educational
- Service/Repair Station
- Sign
Dimensions _____
Height _____
Number of Faces _____
Valuation: \$ _____
- Store/Customer Services

FIRE SPRINKLER

- Attached to domestic water supply*
- Stand Alone
 - Multiple Use (*domestic*)
 - Material Used: _____
 - Value of System: \$ _____
 - Water Cond.Equip.: Yes No
 - Size of Structure sq ft: _____
 - No. of Levels: _____
 - Certification No.: _____

COMMERCIAL (EXISTING)

- Footing/Foundation
- Addition
- Alterations (Val. of Mat's & Labor)
\$ _____

MISCELLANEOUS

- Nonresidential Building
(Accessory Structure)
- Structures Other Than Buildings
(Fences, Pools, Retaining Walls, Canopy, Carport, Etc.)
- AG Building – Additional Form Requirement:
 Agriculture Use Application Supplement
- Other _____
(Describe)

GENERAL INFORMATION

No. Dwelling Units _____ No. Stories _____ Occupancy Type _____ Construction Type _____

Enter Square Footage:

Above Basement _____ Basement – Select: _____ Garage _____ Porch _____ Deck _____

- Finished
- Unfinished
- Semi-finished
- Finish Existing

Other: (describe) _____

I hereby apply for a building/zoning permit, and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances of Olmsted County and with the Minnesota Building Codes; that I understand this is not a permit, but only an application for a permit, and work is not to start without a permit; and that the work will be in accordance with the approved plan in the case of work which requires a review and approval of plans.

Applicant's Signature: _____ **Date** ____/____/____

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

ZONING REVIEW

Zoning District: _____ Site Plan: _____ Acres: _____

Required Setbacks: Front _____ Side _____ Rear _____ Side Street _____

Comments: _____

Zoning Administrator: _____ Date: ____/____/____

AQUIFER REVIEW

Well Const.: # _____ Well Sealing: # _____ ISTS: # _____

Comments: _____

Well/Septic Inspector: _____ Date: ____/____/____

BUILDING REVIEW

Comments: _____

Building Inspector: _____ Date: ____/____/____

APPLICATION APPROVED BY _____ **DATE:** ____/____/____

BUILDING OFFICIAL