

# Building Permit/Application

DATE RECEIVED	RECEIVED BY	PERMIT #
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## Applicant Complete Information Below

PROJECT ADDRESS	Parcel #
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LEGAL DESCRIPTION

PROPERTY OWNER	PHONE #
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ADDRESS	CITY	STATE	ZIP CODE
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GENERAL CONTRACTOR	LICENSE #	PHONE #
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Proposed Use [check one]:

Dwelling   
  Private Garage   
  Deck   
  Home Addition   
  Pole Building  
 Finish Basement   
  Three Season Porch   
  Business/Commercial  
 Fireplace   
  Siding   
  Furnace   
  Water Heater   
  Other \_\_\_\_\_

**Dual Heat Permit**

Type of Furnace: \_\_\_\_\_

If you will have an electric furnace or use electric heat in any form, you must have the signature of the **Power & Light Supervisor** - Signature \_\_\_\_\_

**Required Plans** (check those submitted/attached)

Drainage Plan  
 Site Plan   
  Elevation   
  Floor plan   
  Joist & Roof Plan   
  Electrical, Mechanical   
 **Plans to scale**

**Site plan.** The construction documents submitted with the application for permit shall be accompanied by a **site plan drawn to scale**, showing the size and location of new construction and existing structures on the site, distances from lot lines, and it shall be drawn according to an accurate boundary line survey. **In the case of demolition**, the site plan shall show construction to be demolished and the location and size of existing structures and construction that are to remain on the site or plot. The building official may waive or modify the requirement for a site plan if the application for permit is for alteration or repair or when otherwise warranted.

DESCRIPTION OF PROJECT:

DIMENSIONS	USE AND OCCUPANCY	TYPE OF CONSTRUCTION	ESTIMATED VALUE	LOT SIZE/DIMENSIONS
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**APPLICANT'S CERTIFICATION AND COMPLIANCE:** *Please read the following before signing application.*

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. **I hereby certify that I have completed, read and examined this application and know the same to be true and correct. I accept responsibility for compliance with all applicable laws and city provision, including those noted on the survey, plan review notes, and representation of setbacks, easements and property lines.** Issuance of this permit does not authorize violation or cancellation of any state or local law regulating construction or the performance of construction.

NAME [please print]	ADDRESS	CITY	STATE	ZIP CODE
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SIGNATURE	DATE	PHONE #
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**Note: Work cannot begin until the application has been reviewed, approved, and permit fee paid.**

## City Use Only

**PLANNING:**

ZONING DISTRICT	MINIMUM SETBACKS REQUIRED	Front _____	Side _____	Rear _____
	Road Right of Way _____	Other: _____		

REVIEWED BY _____	DATE _____
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SUBJECT TO THE FOLLOWING CONDITIONS:

**BUILDING:**

REVIEWED BY _____	DATE _____
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SUBJECT TO THE FOLLOWING CONDITIONS:

**PUBLIC WORKS:**

REVIEWED BY _____	DATE _____
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SUBJECT TO THE FOLLOWING CONDITIONS:

**ZONING ADMINISTRATOR** needs to sign-off before work can begin

REVIEWED BY _____	DATE _____
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Zoning Administrator Notes:

Water & Sewer Construction and Connection		Water Superintendent Certification	
Water Permit Paid Date	\$ _____	Sewer Service	\$ _____
Sewer Permit Paid Date	\$ _____	Water Service	\$ _____
<b>City Clerk Certification:</b> Assessment status of Property: Bond and insurance paid		Size of Sewer Service _____	
		Size of Water Service _____	
		<b>TOTAL COST WATER &amp; SEWER:</b> _____	
Is a Variance required: Yes No		Is a Conditional Use Permit required? Yes No	

### Fees

Building Permit \_\_\_\_\_ Plan Review \_\_\_\_\_ State Surcharge \_\_\_\_\_

**TOTAL DUE:** \_\_\_\_\_

Date Issued: \_\_\_\_\_ Issued By: \_\_\_\_\_ Receipt # \_\_\_\_\_



City of Ortonville, 315 Madison, Ortonville MN 56278 - City Office 320-839-3428

If you have questions on code-items, required inspections or to schedule an inspection call: \_\_\_\_\_