

APPLICATION FOR BUILDING PERMIT STOCKHOLM TOWNSHIP 16233 County Road 30 SW Cokato, MN 55321		<div style="text-align: right;">Box 1</div> For Township Use Only: Building Permit No. <u>STK2023-</u> Date Received _____ Date Paid _____	
Residential R1 <input type="checkbox"/> House or House Addition \$ _____ R2 <input type="checkbox"/> Remodel/Alteration \$ _____ R3 <input type="checkbox"/> Attached Garage \$ _____ R4 <input type="checkbox"/> Deck/Porch \$ _____ R5 <input type="checkbox"/> Detached Garage/Accessory Use \$ _____ R6 <input type="checkbox"/> Modular/Manufactured Home \$ _____ R7 <input type="checkbox"/> Plumbing/Mechanical \$ _____ Commercial C1 <input type="checkbox"/> Professional Design Required \$ _____ C2 <input type="checkbox"/> No Design Required (Includes Maint. Permits) \$ _____		<div style="text-align: right;">Box 2</div> Maintenance - Residential All: (\$65.00 plus \$1.00 surcharge = \$66.00) M1 <input type="checkbox"/> Mechanical/Plumbing (Water Heater, Furnace, A/C, etc) M2 <input type="checkbox"/> Reroof M3 <input type="checkbox"/> Siding M4 <input type="checkbox"/> Windows/Door - Same Size/Smaller *** Enlarged Size - Requires remodeling permit (R2) M5 <input type="checkbox"/> Miscellaneous Repairs Demolition (Asbestos Inspection & lab fees not included) D1 <input type="checkbox"/> Residential (\$100.00 minimum plus \$1.00 surcharge) D2 <input type="checkbox"/> Commercial (\$100.00 minimum plus \$1.00 surcharge)	
<div style="text-align: right;">Box 3</div> Please Print: Job Site Address _____ Owner's Name _____ Owner's Address _____ Owner's Telephone Number _____ Contractor Name _____ License No. _____ Contractor Address _____ Phone No. _____ Parcel Number _____ Legal Description _____ Description of Proposed Work _____			
<div style="text-align: right;">Box 4</div> 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: _____ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Applicant's Valuation of Work: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> NOTE: TWO SETS OF PLANS OR ELECTRONIC DIGITAL PLANS ARE REQUIRED WITH BUILDING PERMIT APPLICATIONS </div> 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)			
<div style="text-align: right;">Box 5</div> TOWNSHIP ZONING USE ONLY 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 Stockholm Township. _____ Zoning Signature Approval Date		<div style="text-align: right;">Box 6</div> CALCULATED VALUATION \$ _____ BUILDING PERMIT CHARGES Permit Fee \$ _____ Plan Review Fee \$ _____ Surcharge \$ _____ PERMIT FEE \$ _____ TOWNSHIP CHARGES Zoning Check \$ _____ Water Connect \$ _____ Sewer Connect \$ _____ Miscellaneous \$ _____ TOWNSHIP CHARGES \$ _____ TOTAL SUM OF CHARGES \$ _____	
<div style="text-align: right;">Box 7</div> FOR INSPECTIONS CALL 320-226-5189 APPROVED FOR ISSUANCE BY: _____ Signature of Building Official Date Type of Construction _____ Occupancy Class _____ For Inspections, please contact: Darin Haslip @ 320-226-5189			