



BUILDING/ZONING Permit Application

Office Use Only	01/21/16
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, easments, septic tanks, drainfields and all wells.
2. **2 Sets of drawings with specifications** - per type of structure.
3. **Residential 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: _____			VALUATION (Materials + Labor)	
	Mechanical / A/C: _____			DO NOT Combine Valuations:	
	Fireplace(s) Qty: _____			\$	_____
	(Electrical - separate application through state)			\$	_____

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 House 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