

ROCHESTER-OLMSTED  
 PLANNING DEPARTMENT  
 Building/Well/Septic  
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# BUILDING/ZONING Permit Application

**City of Stewartville**

Office Use Only	12/01/14
APPLICATION NO. _____	

Related Records: \_\_\_\_\_

**REQUIRED SUBMITTAL INFORMATION:**

- **2 Copies of site plan**, including distance from other structures, property lines, public streets, easements, septic tanks, drainfields and all wells.
- **2 Sets of drawings with specifications**, per type of structure.

Site Address: \_\_\_\_\_  
Number Street City/State Zip

TOWNSHIP/SECTION	SUBDIVISION or METES & BOUNDS DESCRIPTION	BLOCK	LOT	PLAT	PARCEL

**Applicant:**  Property Owner  Contractor  Other (describe): \_\_\_\_\_

**Project Name:** \_\_\_\_\_

<b>PROPERTY OWNER</b>	Name _____ <small>Last First MI</small>	Phone ( ) _____ <small>Work / Residence</small>
	Address _____ <small>Number Street</small>	Fax ( ) _____
	City _____	State _____ Zip Code _____
	E-mail _____	

<b>CONTRACTOR/ OTHER</b>	Company _____	Phone ( ) _____ <small>Work / Cellular</small>
	Contact _____ <small>Last First MI</small>	Fax ( ) _____
	Address _____ <small>Number Street</small>	State Lic. No. _____ <small>Exp. / /</small>
	City _____	State _____ Zip Code _____
	E-mail _____	EPA Lead Abatement Cert. No. _____

<b>ARCHITECT/ DESIGNER/ ENGINEER</b>	Company _____	Phone ( ) _____ <small>Work / Cellular</small>
	Contact _____ <small>Last First MI</small>	Fax ( ) _____
	Address _____ <small>Number Street</small>	Registration No. _____ <small>(State of MN)</small>
	City _____	State _____ Zip Code _____
	E-mail _____	

<b>CONTRACTORS'</b>	Well _____	New _____ Existing _____
	Septic _____	New _____ Existing _____
<b>CONTRACTORS'</b>	No. Bedrooms (Including Future) _____	
	Garbage Disposal (Y) (N) _____	
<b>TRADE'S</b>	Footing _____	<b>VALUATION (Materials + Labor)</b> <b>DO NOT Combine Valuations</b> Plumbing / Gas Piping _____ \$ Mechanical / A/C _____ \$ Fireplace(s) no.#: _____ \$ <i>(Electrical - separate application through state)</i>
	Poured Wall _____	
<b>COMPANY NAMES:</b>		

Continued on other side

**PROJECT DESCRIPTIONS**

**RESIDENTIAL (NEW)**

- Footing/Foundation
- Single Family
- Two Family (Attached-Duplex/Twnhm/Condo)
- Multi-Family - 3 & 4 Units
- 5 or more Units
- Garage Slab Only
- Garage: # 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: # of cars: \_\_\_\_\_  
(\_\_\_ attached \_\_\_ detached)

**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 \_\_\_\_\_ Number of Faces \_\_\_\_\_ Height \_\_\_\_\_  
Valuation: \$ \_\_\_\_\_
- Store/Customer Services

**COMMERCIAL (EXISTING)**

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

**MISCELLANEOUS**

- Nonresidential Building  
(Pole barn, storage shed, etc.)
- Structures Other Than Buildings  
(Pools, Retaining Walls, Canopy, Etc.)
- Other \_\_\_\_\_  
(Describe)

Original structure built (Year) \_\_\_\_\_

**GENERAL INFORMATION**

No. Dwelling Units \_\_\_\_\_ No. Stories \_\_\_\_\_ Occupancy Type \_\_\_\_\_ Construction Type \_\_\_\_\_

Enter Square Footage:

\_\_\_\_\_  
Above Basement

\_\_\_\_\_  
Basement – Select:

- Finished
- Circle:** Semi-finished or Unfinished
- Existing

\_\_\_\_\_  
Garage

\_\_\_\_\_  
Porch

\_\_\_\_\_  
Deck

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 \_\_\_\_\_

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**