

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: _____

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

CONTRACTOR/ OTHER	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. _____	

ARCHITECT/ DESIGNER/ ENGINEER	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 _____		

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

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