

BUILDING PERMIT APPLICATION

CITY OF ZUMBRO FALLS

Date Received: _____ Received By: _____ Permit # _____

APPLICANT COMPLETE INFORMATION BELOW

Project Address: _____ or PID # _____
 Legal Description: _____
 Property Owner: _____ Phone _____
 General Contractor: _____ License #: _____ Phone: _____
 Plumbing Contractor: _____ License #: _____ Phone: _____
 Mechanical Contractor: _____ Phone: _____
 Proposed Use [Check One]: Dwelling ___ Private Garage ___ Deck ___ Home Addition ___
 Pole Building ___ Finish Basement ___ Three Season Porch ___ Business/Commercial ___
 Fireplace ___ Reroof ___ Siding ___ Furnace ___ Water Heater ___ Other _____
 Description of Project: _____
 Use and occupancy: _____ Type of Construction: _____
 Estimated Value: _____ Lot Size/Dimensions: _____ Lot Coverage/OK _____

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 read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.
 Refund Policy: Upon request of cancellation of building permits, refunds will be based on expenses for office time, inspections, and zoning fees that were completed prior to the cancellation notice.

Name [print]: _____ Address: _____
 City: _____ Zip: _____ Phone: _____
 Signature: _____ Date: _____

CITY USE ONLY

PLANNING: Zoning District: _____
 Minimum Setbacks: Front _____ Rear _____ Side _____ Side _____
 Approved By: _____ Date: _____
 Subject to the following conditions: _____

BUILDING: Approved By: _____ Date: _____

FEES

Building Permit: _____	Plan Review: _____	State Surcharge: _____
Plumbing Permit: _____	Plan Review: _____	State Surcharge: _____
Mechanical Permit: _____	Plan Review: _____	State Surcharge: _____
Sewer Connect: _____	Sewer Permit Insp: _____	Water Impr Fund: _____
Water Meter Chg _____	Sanitary Dist Chg: _____	Water Connection: _____
Zoning Fees: _____	Application Fee: 10.00	

Total Amt. Due: \$ _____



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507-282-8206 • FAX 281-0391

THE FOLLOWING ITEMS ARE CONDITIONS FOR PERMIT ISSUANCE FOR DEMOLITION

STRICT COMPLIANCE IS MANDATORY

1. Remove all debris and concrete from the site. This includes all footings and basement floor slab. IBC Sec 3303/MN Stat. 116.081
 2. Sewer line shall be capped. Water line shall be removed up to property shut off. IBC Sec 3303
 3. **Call for inspection after demolition debris is removed and prior to filling demolition site.**
 4. All debris shall be removed to a permitted solid waste facility.
 5. Demolition of regulated structures* shall require:
 - a) A permit from MPCA
 - b) Asbestos inspection
 - c) Ten (10) day demolition notification
- *A regulated structure would consist of:
- a) Institutional
 - b) Commercial
 - c) Public
 - d) Industrial
6. 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 is commenced. MN Rules 1300.0120

CALL CMS FOR FINAL INSPECTION

507-282-8206 - 1-800-940-2547