

APPLICATION FOR BUILDING PERMIT CITY OF BROWNTON 335 3rd Street S., P.O. Box 238, Brownton, MN 55312 320-328-5318	Box 1	For City Use Only: Building Permit No. <u>BR - 16</u> Date Received _____ Date Paid _____	Box 2
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Residential R1 <input type="checkbox"/> House or House Addition \$ _____ R2 <input type="checkbox"/> Remodel (Applicant Valuation) \$ _____ 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 \$ _____ Commercial C1 <input type="checkbox"/> Architect - Required \$ _____ C2 <input type="checkbox"/> Non-Architect (Includes Maint. Permits) \$ _____	Maintenance - Residential Box 3 All: (\$44.50 plus \$1.00 surcharge = \$45.50) M1 <input type="checkbox"/> Mechanical 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 Repair Demolition (Asbestos Inspection & lab fees not included) D1 <input type="checkbox"/> Residential(\$44.50 plus \$1.00 surcharge = \$45.50) D2 <input type="checkbox"/> Commercial(\$44.50 plus \$1.00 surcharge = \$45.50)
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Please Print: Job Site Address _____ Owner's Name _____ Email: _____ Owner's Address _____ Owner's Telephone Number _____ Contractor Name _____ License No. _____ Contractor Address _____ Phone No. _____ Parcel Number _____ Legal Description _____ Description of Proposed Work _____	Box 4
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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-bottom: 10px;"> Applicant's Valuation of Work: _____ </div> <div style="border: 1px solid black; padding: 5px;"> NOTE: TWO SETS OF PLANS ARE REQUIRED WITH YOUR BUILDING PERMIT APPLICATION </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)	

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">CITY ZONING USE ONLY</td> <td style="text-align: center;">Box 5</td> </tr> <tr> <td>Zoning District _____</td> <td>Floor Area Ratio _____</td> <td></td> </tr> <tr> <td>Property Dimension _____</td> <td>Front Setback _____</td> <td></td> </tr> <tr> <td>Property Area _____</td> <td>Rear Setback _____</td> <td></td> </tr> <tr> <td>Building Area _____</td> <td>Side Setback _____</td> <td></td> </tr> <tr> <td>Lot Coverage _____</td> <td>Building Height _____</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center; font-size: small;"> It is hereby certified that this proposed project meets zoning requirements for the City of Cokato. </td> </tr> <tr> <td style="text-align: center;">Zoning Approval Signature _____</td> <td style="text-align: center;">Date _____</td> <td></td> </tr> </table>	CITY ZONING USE ONLY		Box 5	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 the City of Cokato.			Zoning Approval Signature _____	Date _____		<table style="width:100%;"> <tr> <td style="text-align: right;">CALCULATED VALUATION</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="2">BUILDING PERMIT CHARGES</td> </tr> <tr> <td style="text-align: right;">Permit Fee</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;">Surcharge</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;">TOTAL FEE</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="2">TOWNSHIP CHARGES</td> </tr> <tr> <td style="text-align: right;">Zoning Check</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;">Water Connect</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;">Sewer Connect</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;">Miscellaneous</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;">CITY CHARGES</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;">TOTAL SUM OF CHARGES</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	CALCULATED VALUATION	\$ _____	BUILDING PERMIT CHARGES		Permit Fee	\$ _____	Surcharge	\$ _____	TOTAL FEE	\$ _____	TOWNSHIP CHARGES		Zoning Check	\$ _____	Water Connect	\$ _____	Sewer Connect	\$ _____	Miscellaneous	\$ _____	CITY CHARGES	\$ _____	TOTAL SUM OF CHARGES	\$ _____
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FOR INSPECTIONS CALL 320-226-5189	Box 6
APPROVED FOR ISSUANCE BY: _____ <div style="text-align: center; font-size: small;"> Signature of Building Official </div>	Date _____

Type of Construction _____	Occupancy Class _____
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For Inspections, please contact: Darin Haslip @ 320-226-5189