

APPLICATION FOR BUILDING PERMIT Box 1
STOCKHOLM TOWNSHIP
 16233 County Road 30 SW
 Cokato, MN 55321

For Township Use Only: Box 2
Building Permit No. STK2025-
Date Received _____
Date Paid _____

Residential **Valuation**

R1 House or House Addition \$ _____
 R2 Remodel/Alteration \$ _____
 R3 Attached Garage \$ _____
 R4 Deck/Porch \$ _____
 R5 Detached Garage/Accessory Use \$ _____
 R6 Modular/Manufactured Home \$ _____
 R7 Plumbing/Mechanical \$ _____

Commercial **Valuation**

C1 Professional Design Required \$ _____
 C2 No Design Required (Includes Maint. Permits) \$ _____

Maintenance - Residential Box 3

All: (\$65.00 plus \$1.00 surcharge = \$66.00)

M1 Mechanical/Plumbing (Water Heater, Furnace, A/C, etc)
 M2 Reroof
 M3 Siding
 M4 Windows/Door - Same Size/Smaller
 *** Enlarged Size - Requires remodeling permit (R2)
 M5 Miscellaneous Repairs

Demolition (Asbestos Inspection & lab fees not included)

D1 Residential (\$100.00 minimum plus \$1.00 surcharge)
 D2 Commercial (\$100.00 minimum plus \$1.00 surcharge)

Please Print: Box 4

Job Site Address _____
Owner's Name _____
Owner's Address _____
Owner's Telephone Number _____
Contractor Name _____ **License No.** _____
Contractor Address _____ **Phone No.** _____
Parcel Number _____
Legal Description _____
Description of Proposed Work _____

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: _____ Applicant's Valuation of Work: _____
 Signature of Applicant: _____ NOTE: TWO SETS OF PLANS OR ELECTRONIC DIGITAL PLANS ARE REQUIRED WITH BUILDING PERMIT APPLICATIONS

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)

TOWNSHIP 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 Stockholm Township.

 Zoning Signature Approval Date

CALCULATED VALUATION \$ _____

BUILDING PERMIT CHARGES

Permit Fee \$ _____
 Plan Review Fee \$ _____
 Surcharge \$ _____

PERMIT FEE \$ _____

TOWNSHIP CHARGES

Zoning Check \$ _____
 Water Connect \$ _____
 Sewer Connect \$ _____
 Miscellaneous \$ _____

TOWNSHIP CHARGES \$ _____

TOTAL SUM OF CHARGES \$ _____

FOR INSPECTIONS CALL 320-226-5189 Box 7

APPROVED FOR ISSUANCE BY: _____
Signature of Building Official Date

Type of Construction _____ **Occupancy Class** _____

For Inspections, please contact: Darin Haslip @ 320-226-5189