

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

Box 1

For Township Use Only:

Box 2

Building Permit No.

STK2026-

Date Received

Date Paid

Residential**Valuation****Maintenance - Residential**

Box 3

R1 <input type="checkbox"/> House or House Addition	\$ _____
R2 <input type="checkbox"/> Remodel/Alteration	\$ _____
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	\$ _____
R7 <input type="checkbox"/> Plumbing/Mechanical	\$ _____

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****Commercial****Valuation****Demolition** (Asbestos inspection & lab fees not included)

Box 3

C1 <input type="checkbox"/> Professional Design Required	\$ _____
C2 <input type="checkbox"/> No Design Required (Includes Maint. Permits)	\$ _____

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****Applicant's Valuation of Work:**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: _____

**NOTE: TWO SETS OF PLANS OR ELECTRONIC
DIGITAL PLANS ARE REQUIRED WITH
BUILDING PERMIT APPLICATIONS**

Signature of Applicant: _____

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	CALCULATED VALUATION \$ _____		Box 6
Zoning District	Floor Area Ratio		Building Permit Charges		
Property Dimension	Front Setback		Permit Fee	\$ _____	
Property Area	Rear Setback		Plan Review Fee	\$ _____	
Building Area	Side Setback		Surcharge	\$ _____	
Lot Coverage	Building Height		PERMIT FEE	\$ _____	
It is hereby certified that this proposed project meets zoning requirements for Stockholm Township.			TOWNSHIP CHARGES		
Zoning Signature Approval _____ Date _____			Zoning Check	\$ _____	
FOR INSPECTIONS CALL 320-226-5189			Water Connect	\$ _____	
APPROVED FOR ISSUANCE BY: _____			Sewer Connect	\$ _____	
Signature of Building Official			Miscellaneous	\$ _____	
Type of Construction _____			TOWNSHIP CHARGES \$ _____		
Occupancy Class _____			TOTAL SUM OF CHARGES \$ _____		
For Inspections, please contact: Darin Haslip @ 320-226-5189					