

**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.** STK2026-  
**Date Received** \_\_\_\_\_  
**Date Paid** \_\_\_\_\_

<b>Residential</b>	<b>Valuation</b>
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	\$ _____
<b>Commercial</b>	<b>Valuation</b>
C1 <input type="checkbox"/> Professional Design Required	\$ _____
C2 <input type="checkbox"/> 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** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Contractor Name** \_\_\_\_\_ **License No.** \_\_\_\_\_

**Contractor Address** \_\_\_\_\_

**Contractor Telephone Number** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**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: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**Applicant's Valuation of Work:**

\_\_\_\_\_

**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** \$ \_\_\_\_\_ Box 6

**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**