Building Permit

Permit No. _____

Date Issued _____

Rec'd By _____

Complete the following and sign before submission

1. Builders License #		Date of Application
2. Site Address		
3. Property ID Number		
4. Owner (Name)	(Address)	(Daytime Phone)
5. Architect (Name)	(Address)	(Daytime Phone)
6. Builder (Name)	(Address)	(Daytime Phone)
7. Applicant Email		
8. Type of Work		

9. Completion date **EXPIRES 180 Days from issue**	10. Type of Construction	11. Estimated Value
12. Proposed Elevation (in relation to curb or water-way) _____Elev.	13. Property Area or Acres Sq. Feet	14. Number of Stories
15. Front Yard Setback Feet	16. Rear Yard Setback Feet	17. Side Yards Setback Left_____Right_____

Will you be digging in the Right of Way: Yes _____ No _____
(if yes, Right-Of-Way Permit Required)

Building Inspector Comments: _____

_____

_____

_____

_____

_____

Acknowledgment and Signature:

The undersigned hereby agrees that, in case such permit is granted, all work which will be done and all materials which will be used shall comply with the plans and specifications therefore submitted with this application and with all the ordinances of the City of Maple Lake and the State of Minnesota laws regarding building construction applicable thereto.

_____/_____

Signature of Applicant — Approving Building Inspector

Contact Metro West Inspection Services at 763-479-1720 to schedule inspections

Fees

Permit Fee_____

Plan Check Fee _____

Surcharge_____

Penalty Fee_____

Fireplace Fee_____

Mechanical Fee_____

Plumbing Fee_____

Septic Fee_____

Water Access Fee_____

Sewer Access Fee_____

Water Meter Fee _____

Fire Lock Box Fee _____

Landscape Escrow_____

Grading Escrow _____

Other _____

Total Fees _____

Code Analysis

Type of Const._____

Use of Bldg_____

Occupancy Group_____

Occupancy Load _____

Zoning District_____

Zoning Action/Date_____

Off Street Parking

Spaces Req. _____

Spaces on Plan_____

Special Approvals

Zoning_____

Fire Dept_____

Engineer _____

Public Works_____

Dev Agr _____

Other_____

Certificate of Occupancy Issued

Date By_____

Inspector Copy - Applicant Copy - Assessor Copy