

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. STK2024-
Date Received _____
Date Paid _____

Residential	Valuation
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	\$ _____
Commercial	Valuation
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 _____

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: _____

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 \$ _____

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