

CITY OF EAGLE LAKE

Date _____

705 Parkway Ave, P.O. Box 159, Eagle Lake, MN 56024

(507)257-3218

Permit Number _____

BUILDING PERMIT APPLICATION

ZONING PERMIT APPLICATION

1. OWNER (Name)	(Address)	(Tel. No.)	Building Inspector Fees Permit Fee _____ Plan Check Fee _____ Penalty Fee _____ Surcharge Fee _____ Fireplace _____ Plumbing Fee _____ Mechanical Fee _____	
2. SITE ADDRESS		EMAIL ADDRESS		
PROPERTY I.D. NUMBER _____ (Office Use)				
ZONING DISTRICT (check one) R1 R2 R3 R4 B1 L1 H1 A1			City Fee Water Meters _____ Sales Tax _____ Water Fee _____ Sewer Fee _____ Admin Fee _____ Other _____ TOTAL FEE _____	
3. GENERAL CONTRACTOR		LICENSE NO.		
(Address)		(Tel. No.)		
4. PLUMBING CONTRACTOR		LICENSE NO.	Code Analysis Type of Construction _____ Use of Building _____ Occupancy Group _____ Occupancy Load _____	
(Address)		(Tel. No.)		
5. MECHANICAL CONTRACTOR		BOND NO.		
(Address)		(Tel. No.)	Variance Approval Date _____ CUP Approval Date _____	
6. TYPE OF WORK <input type="checkbox"/> A/C <input type="checkbox"/> Addition <input type="checkbox"/> Alterations <input type="checkbox"/> Basement Finish				
<input type="checkbox"/> Deck <input type="checkbox"/> Demolition <input type="checkbox"/> Fence <input type="checkbox"/> Fireplace <input type="checkbox"/> Garage <input type="checkbox"/> Heating <input type="checkbox"/> Patio <input type="checkbox"/> Porch <input type="checkbox"/> Reroofing <input type="checkbox"/> Residing <input type="checkbox"/> Shed <input type="checkbox"/> Sprinkler System <input type="checkbox"/> New Construction <input type="checkbox"/> Wall <input type="checkbox"/> Window(s) <input type="checkbox"/> Misc. _____				
7. SIZE OF STRUCTURE (Height) (Width) (Depth)		8. NO. OF STORIES	9. VALUE PER BUILDING OFFICIAL	Zoning Check: _____
10. ESTIMATED COMPLETION DATE		11. USE OF PROPERTY		
12. Front Yard Set Back Feet:	13. Rear Yard Set Back Feet:	14. Side Yard Set Back Right Side _____ Left Side _____		Public Works Inspections Staking Inspection: _____ Sump Pump Inspection: _____ W/S Hookup Inspection: _____ Final Zoning Inspection: _____ Driveway Inspection: _____
SPECIAL CONSIDERATIONS (Office Use) :				
Notes (Office Use):		Total Square Footage: _____		All Construction Projects: Contact City Hall for staking, sump pump, water/sewer hookup and final zoning inspections at 507-257-3218.
		35% Usage: _____		
		Square Footage Used: _____		
		Square Footage Balance: _____		
		Square Footage Needed: _____		

For Building Permit Inspections Call: 1-877-333-5620 Twenty-four hour notice.

ACKNOWLEDGEMENT AND SIGNATURE: This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. I hereby certify that I have read and examined this application and know that the same to be true and correct. All provisions of law and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. 24 hour advance notice on all inspections. **Submission of this application does not constitute a permit being issued.**

Signature of Applicant

Date

Approved by Building Inspector/ City Administrator

Date