

APPLICATION FOR BUILDING PERMIT

CITY OF ATWATER

P.O. BOX 59, ATWATER, MN 56209

320-974-8760 Email to Goldie.Smith@AtwaterMN.gov

Box 1

For City Use Only:

Box 2

Building Permit No. AT-__-__-24

Date Received _____

Date Paid _____

Residential (Based on Valuation - Compute on Reverse)

R1 House \$ _____

R2 Remodel (Applicant Valuation) \$ _____

R3 Attached Garage \$ _____

R4 Deck/Porch \$ _____

R5 Detached Garage/Shed \$ _____
(Includes pole buildings, storage sheds, pre-built sheds)

R6 Modular/Manufactured Home \$ _____

Commercial (Based on state valuation)

C1 Architect - Required \$ _____

C2 Non-Architect (Includes maint. permits) \$ _____

Maintenance - Residential

Box 3

M1 Mechanical (\$22 plus \$0.50 surcharge = \$22.50)

M2 Reroof (\$35.75 + \$0.50 surcharge = \$36.25)

M3 Siding (\$35.75 + \$0.50 surcharge = \$36.25)

M4 Windows/Door - Same Size/Smaller
(\$35.75 + \$0.50 surcharge = \$36.25)

** Enlarged Size - Requires a remodeling permit (R2)

M5 Miscellaneous Repair (\$35.75 plus \$0.50 surcharge = \$36.25)

Demolition (Asbestos inspection and lab fees not included)

D1 Residential (\$35.75 plus \$0.50 surcharge = \$36.25)

D2 Commercial (\$63.25 plus \$1.00 surcharge = \$64.25)

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 _____

Email Address _____

Legal Description _____

Description of Proposed Work _____

Use of Structure _____

Applicant's Valuation of Work

This permit becomes null and void if work or construction authorized is not commenced within one (1) year, or if construction or work is suspended or abandoned for a period of six (6) months at any time after work is commenced. Application for permit shall be accompanied by a complete set of plans. Building permit card shall be posted conspicuously at job site during construction. 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 Inspector. DO NOT BEGIN CONSTRUCTION UNTIL THIS PERMIT HAS BEEN VALIDATED AND BUILDING SETBACK LINES HAVE BEEN APPROVED BY THE ZONING ADMINISTRATOR.

Printed Name of Applicant: _____

Signature of Applicant: _____

CITY ZONING USE ONLY

Box 5

Zoning District	_____	Floor Area Ratio	_____
Property Dimension	_____	Front Setback	_____
Property Area	_____	Rear Setback	_____
Building Area	_____	Side Setbacks	_____
Lot Coverage	_____	Building Height	_____

It is hereby certified that this proposed project meets zoning requirements for the City of Atwater.

Zoning Approval Signature Date

THE CITY OF ATWATER DOES NOT ENFORCE COVENANTS ON PROPERTIES.

CALCULATED VALUATION

\$ _____

Box 6

BUILDING PERMIT CHARGES

Permit Fee \$ _____

25% Comm. Plan Review \$ _____

Surcharge \$ _____

PERMIT FEE \$ _____

CITY CHARGES

Zoning Check \$ _____

Water Connect \$ _____

Sewer Connect \$ _____

Miscellaneous \$ _____

CITY CHARGES \$ _____

TOTAL SUM OF CHARGES \$ _____

APPROVED FOR ISSUANCE BY: _____

Signature of Building Official Date

Building Official Notes/Special Conditions: _____

F TF FR M PU PR PF FW IN SL M OT F

For inspections, please contact:

City of New London, PO Box 252, 20 1st Ave SW, New London, MN 56273

Phone: 320-354-2444