

APPLICATION FOR BUILDING PERMIT

Box 1

CITY OF ATWATER**P.O. BOX 59, ATWATER, MN 56209****320-974-8760 Email to: Goldie.Smith@AtwaterMN.gov**

For City Use Only:

Box 2

Building Permit No. AT ___ -24

Date Received _____

Date Paid _____

Maintenance - Residential

Box 3

M1 Mechanical (\$22.00 + \$0.50 surcharge = \$22.50)M4 Windows/Door - Same Size/Smaller
(\$35.75 + \$0.50 surcharge = \$36.25)M2 Reroof (\$35.75 + \$0.50 surcharge = \$36.25)

Enlarged Size - Requires a remodeling permit (R2)

M3 Siding (\$35.75 + \$0.50 surcharge = \$36.25)M5 Miscellaneous Repair (\$35.75 + \$0.50 surcharge = \$36.25)**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. _____

Was the building/home built prior to 1978? YES NO (circle one)

If yes, provide the name and license number of the lead certified person working on this project.

Name _____

License No. _____

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 New London.

Zoning Approval Signature_____
Date**CALCULATED VALUATION**

\$ _____

Box 6

BUILDING PERMIT CHARGES

Permit Fee \$ _____

25% Comm. Plan Review \$ _____

Surcharge \$ _____

PERMIT FEE

\$ _____

CITY CHARGES

Zoning Check \$ N/A

Water Connect \$ N/A

Sewer Connect \$ N/A

Miscellaneous \$ _____

CITY CHARGES

\$ _____

TOTAL SUM OF CHARGES

\$ _____

APPROVED FOR ISSUANCE BY: _____

Box 7

For inspections, please contact:
City of New London - (320) 354-2444