



122 6<sup>th</sup> Street NE  
 Staples, MN 56479  
 Phone: (218) 894-2550  
 Fax: (218) 894-2552

Date Received: \_\_\_\_\_  
 Date Issued: \_\_\_\_\_  
 Fee Paid: \_\_\_\_\_  
 Receipt #: \_\_\_\_\_  
 Permit #: \_\_\_\_\_

## Building Permit Application

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Project Address: \_\_\_\_\_ PID #: \_\_\_\_\_  
 Legal Description: \_\_\_\_\_

General Contractor: \_\_\_\_\_ License #: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Plumbing Contractor: \_\_\_\_\_ License #: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mechanical Contractor: \_\_\_\_\_ License #: \_\_\_\_\_ Phone: \_\_\_\_\_

Proposed Use [Check One]:  Dwelling Private  Garage  Deck  Home Addition  Pole Building  Finish Basement  Three Season Porch  
 Business/Commercial  Fireplace  Siding  Furnace  Water Heater  Other

Description of Project: \_\_\_\_\_ Dimensions: \_\_\_\_\_

Site Plan submitted:  Yes  No (A site plan is necessary to process applications for all new and/or additions to structures)  
 Setbacks: OHW \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_ Right of Way \_\_\_\_\_ Other \_\_\_\_\_  
 Zoning District: \_\_\_\_\_ Lot Area: \_\_\_\_\_ Impervious Coverage: \_\_\_\_\_  
 Estimated Value: \_\_\_\_\_ Lot Size/Dimensions: \_\_\_\_\_

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 the same to be true and correct. All provisions of laws 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CITY USE ONLY

**PLANNING:**

Subject to the following conditions: \_\_\_\_\_  
 Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Current Septic Compliance on file?  Yes  No Date: \_\_\_\_\_

**BUILDING:**

Use and occupancy: \_\_\_\_\_ Type of Construction: \_\_\_\_\_  
 Subject to the following conditions: \_\_\_\_\_  
 Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

**FEES**

Building Permit: _____	Plan Review: _____	State Surcharge: _____
Plumbing Permit: _____		State Surcharge: _____
Mechanical Permit: _____		State Surcharge: _____
Sewer Availability Charge: _____		
Sewer Connection Permit: _____		
E911 Address Assignment: _____		
Mailbox Support/Install: _____		
Culvert: _____		
<b>Subtotal:</b> _____		

**TOTAL DUE:** \_\_\_\_\_