

City of St. Bonifacius
 8535 Kennedy Memorial Drive
 St. Bonifacius, MN 55375
 952-446-1061
 Metro West Inspections: 763-479-1720

BUILDING PERMIT



For Office Use Only:
 Permit No. _____
 Date _____

CONTRACTOR'S LICENSE NO. _____		1. DATE _____	FEES
2. SITE ADDRESS _____		ZIP CODE 55375	
3. LEGAL DESCRIPTION PROPERTY I.D. NO. SECTION _____ LOT _____ BLOCK _____ ADDITION _____ PLAT NUMBER _____ PARCEL NUMBER _____			PERMIT FEE _____ PLAN CHECK FEE _____ INVESTIGATION FEE _____ ENGINEERING FEE _____ SITE FEE _____ DRIVEWAY FEE _____ CULVERT _____ FIREPLACE _____ /SC _____ PLUMBING FEE _____ /SC _____ MECHANICAL FEE _____ /SC _____ WATER METER FEE _____ WATER FEE _____ SEWER FEE _____ SURCHARGE FEE _____ ADMIN. FEE _____ OTHERS _____ TOTAL FEE _____
4. OWNER (Name) _____ (Address) _____ (Tel. No.) _____			CODE ANALYSIS
5. ARCHITECT (Name) _____ (Address) _____ (Tel. No.) _____			
6. CONTRACTOR (Name) _____ (Address) _____ (Tel. No.) _____			
7. TYPE OF WORK Fireplace <input type="checkbox"/> Septic <input type="checkbox"/> Heating <input type="checkbox"/> A/C <input type="checkbox"/> Plumbing <input type="checkbox"/> Reroofing <input type="checkbox"/> New Construction <input type="checkbox"/> Alterations <input type="checkbox"/> Addition <input type="checkbox"/> Finish Basement <input type="checkbox"/> Residing <input type="checkbox"/> Deck <input type="checkbox"/> Porch <input type="checkbox"/> Garage <input type="checkbox"/> Chimney <input type="checkbox"/> Misc. <input type="checkbox"/>			
8. SIZE OF STRUCTURE Height _____ Width _____ Depth _____			
9. NO. OF STORIES _____		10. ESTIMATED VALUE OF WORK _____	
11. COMPLETION DATE _____		12. PROPERTY DIMENSION Width _____ Depth _____	
13. NO. OF FAMILIES (if applicable) _____		14. PROPOSED ELEVATION IN RELATION TO CURB OR WATERWAY. _____ ELEV.	
15. PROPERTY AREA OR ACRES Sq. Ft. _____		16. CULVERT SIZE _____	
17. FRONT YARD set-back from road property Ft. _____		18. REAR YARD set-back Ft. _____	
19. SIDE YARDS set-back _____ Right Side _____ Left Side		ZONING DISTRICT _____	
20. MISCELLANEOUS <u>Call Metro West at (763) 479-1720 to schedule inspections.</u> _____ _____ _____ _____ _____ _____ _____ _____ _____			
SPECIAL CONDITIONS. It is my responsibility to locate and establish the elevations if needed of all site improvements. Required adjustments at my expense: _____ ACKNOWLEDGEMENT AND SIGNATURE: The undersigned hereby agrees that, in case such permit is granted, that all work which shall be done and all materials which shall be used shall comply with the plans and specifications herewith submitted and with all the ordinances of said CITY OF ST. BONIFACIUS applicable thereto.			VARIANCE GRANTED, DATE _____
			OFF STREET PARKING SPACES REQ. _____ SPACES ON PLAN _____
			MATERIAL FILED W/ APPLICATION Soils Report <input type="checkbox"/> Borings <input type="checkbox"/> Percolation <input type="checkbox"/> Compaction Tests Plans and Specs <input type="checkbox"/> Sets _____ Survey <input type="checkbox"/> Copies _____ Energy Calculations <input type="checkbox"/> Piling Logs <input type="checkbox"/>
			FIRE SPRINKLERS REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO
			SPECIAL APPROVALS ZONINGS _____ FIRE DEPT. _____ PUBLIC WORKS _____ COUNTY _____ OTHER _____
			CERTIFICATE OF OCCUPANCY ISSUED DATE _____ BY _____