REROOFING PERMIT

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

For Office Use Only:

Permit No._____

Date _____

CONTRACTOR'S LICENSE NO.	1. DATE
2. SITE ADDRESS	ZIP CODE **55375**

3. LEGAL DESCRIPTION
PROPERTY I.D. NO.

SECTION_____ LOT_____ BLOCK _____

ADDITION _____ PLAT NUMBER _____ PARCEL NUMBER _____

4. OWNER	(Name)	(Address)	(Tel. No.)
5. ARCHITECT	(Name)	(Address)	(Tel. No.)
6. CONTRACTOR	(Name)	(Address)	(Tel. No.)

7. TYPE OF WORK Fireplace ☐ Septic ☐ Heating ☐ A/C ☐ Plumbing ☐ Reroofing ☑

New Construction ☐ Alterations ☐ Addition ☐ Finish Basement ☐ Residing ☐

Deck ☐ Porch ☐ Garage ☐ Chimney ☐ Misc. ☐_____

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

20. MISCELLANEOUS

Provide pictures of ice/water protection for final inspection. Permit must be on site at all times, visible from the street and for the final inspection.
Call (763) 479-1720 to schedule a final inspection.

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.

FEES

PERMIT FEE $50.00
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 $1.00
ADMIN. FEE _____
OTHERS _____
TOTAL FEE $51.00

CODE ANALYSIS

TYPE OF CONST. _____
USE OF BLDG. _____
OCCUPANCY GROUP _____
OCCUPANCY LOAD_____

ZONING DISTRICT _____

VARIANCE GRANTED, DATE_____

OFF STREET PARKING

SPACES REQ. _____
SPACES ON PLAN_____

MATERIAL FILED W/ APPLICATION

Soils Report
☐ Borings ☐ Percolation ☐ Compaction Tests
Plans and Specs ☐ Sets_____
Survey ☐ Copies_____
Energy Calculations ☐ Piling Logs ☐

FIRE SPRINKLERS REQUIRED

☐YES ☐NO

SPECIAL APPROVALS

ZONINGS _____
FIRE DEPT._____
PUBLIC WORKS_____
COUNTY _____
OTHER _____

CERTIFICATE OF OCCUPANCY ISSUED

DATE_____ BY_____

SIGNATURE OF APPLICANT

APPROVED BY BUILDING INSPECTOR

White – City's Copy Yellow – Inspector's Copy Pink – Applicant's Copy Gold – Assessor's Copy