

**APPLICATION/BUILDING PERMIT
FOR CONSTRUCTION
MEEKER COUNTY**

RETURN ALL FORMS TO:

Meeker County Building Official
325 Sibley Avenue North
Litchfield MN 55355
Phone: 320-693-4650
Fax: 320-693-5294

OFFICE USE ONLY

Building Permit No. _____
Date Received _____
Date Paid _____

(Please Print) _____

Site Address: _____

Owner's Name: _____

Address: _____

Phone #: _____

Contractor: _____

Address: _____

Phone #: _____ License #: _____

Plumbing Contractor: _____ Phone #: _____

Address: _____

Electrician: _____ Phone #: _____

Address: _____

Excavation Contractor: _____ Phone #: _____

Address: _____

Note: Excavation contractor must call **GOPHER STATE ONE - CALL 1-800-252-1166** at least 48 hours before beginning any excavation. (MN Statute CH216D)

Description of Proposed Construction: _____

Zoning Comments: _____

Applicant's estimated cost of construction (including material & labor) \$ _____

APPLICANT'S CERTIFICATION AND COMPLIANCE:

I hereby certify that I have completed, read and examined this application and know the same to be true and correct. I accept responsibility for compliance with all applicable laws and county provisions, including those noted on the county zoning review, survey, plan review notes, and representation or lack of representation of setbacks, easements and property lines. Issuance of this permit does not authorize violation or cancellation of any state or local law regulating construction or the performance of construction.

Applicant's Signature: _____ Date: _____

Applicant's Printed Name: _____ Date: _____

APPROVAL BY BUILDING OFFICIAL:

Occupancy Group: _____ Type of Construction: _____

Comments or Conditions: _____

Signature: _____ Date: _____

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Construction Value in Accordance
with State Valuation Tables:

\$ _____

Building Permit \$ _____

Plan Review \$ _____

State Surcharge \$ _____

Administration \$ _____

SAC/WAC/Meter \$ _____

Zoning Review Fee \$ _____

TOTAL FEE DUE \$ _____

Zoning District _____

Parcel No. _____

Legal Description: _____

Front Setback: _____

Rear Setback: _____

Side Setback: _____

Side Setback: _____

Lot Coverage: _____

Building Height: _____

Zoning Approval Signature: _____
