

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

City of Dassel

RETURN ALL FORMS TO: City of Dassel
460 3rd St/PO Box 391
Dassel, MN 55325
320-275-2454

OFFICE USE ONLY	
Building Permit No.	_____
Date Received	_____
Date Paid	_____

(Please Print)

Site Address: _____

Property Owner's Name: _____

Address: _____

Phone #: _____ Was structure built before 1978? Yes No

Property Owner's Email: _____

Contractor: _____

Address: _____

Phone #: _____ License #: _____

Contractor's Email: _____

Lead Certification 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: _____

OFFICE USE ONLY	
Construction Value in Accordance with State Valuation Tables:	
\$	_____
Building Permit	\$ _____
Plan Review	\$ _____
State Surcharge	\$ _____
Administration	\$ _____
SAC/WAC/Meter	\$ _____
Zone 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:	

*****SITE PLAN GRID DISPLAYING SETBACKS IS REQUIRED*****

NEW HOMES GRADING PLAN MUST SHOW ELEVATIONS AND CONTOURS

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 city and county provisions, including those noted on the city and 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. By signing I acknowledge receiving a copy of the City of Dassel's zoning ordinance and agree to build in compliance with this ordinance.

Applicant's Signature: _____ **Date:** _____

Applicant's Printed Name: _____ **Date:** _____

APPROVAL BY BUILDING OFFICIAL:

Occupancy Group: _____ Type of Construction: _____

Comments or Conditions: _____

Signature: _____ Date: _____

Property Owner Waiver

Permit Number -

Minnesota State Contractor Licensing Requirements

The purpose of this form is to have property owners acknowledge their responsibilities with respect to the Minnesota State Building Code, state licensing requirements, municipal zoning ordinances, and to other applicable rules and regulations when they are acting as general contractor in building projects.

I understand that the State of Minnesota requires that all residential building contractors, remodelers, roofers, and owners improving residential real estate for purposes of speculation obtain a state license unless they qualify for a specific exemption from the licensing requirements. By signing this waiver, I attest to the fact that I am building or improving my property by myself. I claim to be exempt from the state licensing requirements because I am not in the business of building or improving homes for speculation, and this is the first residential structure that I have built or improved in the past 24 months.

I acknowledge that I may be hiring independent contractors to perform certain aspects of the construction or improvement of this property. Some of these contractors may be required to be licensed by the State of Minnesota. I understand that unlicensed residential contracting, remodeling, and/or roofing activity is a misdemeanor under Minnesota State Statute 326.92, subdivision 1, and that I forfeit my rights to reimbursement from the Contractor Recovery Fund in the event that any contractors that I hire are unlicensed.

I also acknowledge that as the contractor on this project, I am solely and personally responsible for any violations of the State Building Code and/ or jurisdictional ordinance in connection with the work performed on this property.

Signature or Property Owner

Project Address

Date

Please return this signed waiver with the Building Permit Application

To determine whether a particular contractor is required to be licensed check on the [licensing status of an individual contractor](#) or call the Minnesota Department of Labor and Industry, Licensing Division at 651-284-5069, or toll-free at 1-800342-5354.