

**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	\$ _____
Maintenance 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*****

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: _____

