APPLICATION/BUILDING PERMIT FOR CONSTRUCTION MEEKER COUNTY

RETURN ALL FORMS TO:

MS TO: City of Dassel
Meeker County Building Official
325 Sibley Avenue North
Litchfield MN 55355
Phone: 320-693-4650
Fax #: 320-693-5294

Building Permit No.
Date Received
Date Paid

			Comments or Conditions:
	Type of Construction:		Occupancy Group:
		IAL:	APPROVAL BY BUILDING OFFICIAL:
	Date:		Applicant's Printed Name:
	Date:		Applicant's Signature:
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.	blication and know the salions, including those notecacks, easements and propeconstruction or the perform	ed, read and examined this app applicable laws and county provis or lack of representation of setba of any state or local law regulating	I hereby certify that I have completed, read and examined this application and know the same to be true and cresponsibility for compliance with all applicable laws and county provisions, including those noted on the county zonin plan review notes, and representation or lack of representation of setbacks, easements and property lines. Issuance of not authorize violation or cancellation of any state or local law regulating construction or the performance of construction.
		ND COMPLIANCE:	APPLICANT'S CERTIFICATION AND COMPLIANCE:
		including material & labor) \$	Applicant's estimated cost of construction (including material & labor) \$
			Zoning Comments:
Zoning Approval Signature:			
			Description of Proposed Construction:
Lot Coverage: Building Height:	1 166 at least 48 hours	HER STATE ONE - CALL 1-800-252- IN Statute CH216D)	Note: Excavation contractor must call GOPHER STATE ONE - CALL 1-800-252-1166 at least 48 hours before beginning any excavation. (MN Statute CH216D)
Side Setback:			Address:
Side Setback:		Phone #:	Excavation Contractor:
Rear Setback:			Address:
Front Setback:		Phone #:	Electrician:
Legal Description:			Address:
Parcel No			A
Zoning District		Phone #:	Plumbing Contractor:
TOTAL FEE DUE \$			Lead Certification License #:
Zoning Review Fees \$		License #:	Phone #:
ሚ			Address:
Administration \$			Contractor:
Plan Review \$	1978? Yes No	Was structure built before 1978?	Phone #:
Building Permit \$			Address:
€ \$			
with State Valuation Tables:			Property Owner's Name:
OFFICE USE ONLY Construction Value in Accordance			(Please Print) Site Address:

Signature:

Date:

Site Plan Grid

Nam	e:																	Date	e: .							
All sketches must be drawn to scale and contain the following information: North Arrow, all abutting streets and alleys with street names, dimensions of lot or lots, all existing buildings on lots, proposed buildings, and distances from all property lines to existing and proposed buildings and distances from building to building.																										
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