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: _____

*****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) $ _____

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:

_____

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: _____

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.