

BUILDING PERMIT APPLICATION

PERMIT #
TOWNSHIP

ISANTI COUNTY
 555 18th AVE. SW
 CAMBRIDGE, MN 55008
 PHONE NUMBER: (763) 689-5165

DATE ISSUED
PIN #

GENERAL INFORMATION TO BE COMPLETED BY APPLICANT							
PROPERTY ADDRESS							
LEGAL DESCRIPTION							
SEC	TWP	RANGE	LOT	BLOCK	SUBDIVISION OR QTR/QTR	ACRES	
NOTE: IF PROPERTY IS A METES AND BOUNDS DESCRIPTION ATTACH COPY OF EXACT LEGAL							
PROPERTY OWNER NAME			ADDRESS—City, State, Zip			(TEL. NO.)	
						HM	
						WK	
CONTRACTOR NAME			ADDRESS			STATE LIC. NO. (TEL. NO.)	
						WK	
						CELL	
ARCHITECT/DESIGNER			ADDRESS			(TEL. NO.)	
						WK	
						CELL	
TYPE OF WORK							
<input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REROOF <input type="checkbox"/> RESIDING <input type="checkbox"/> OTHER:							
TYPE OF STRUCTURE							
<input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> ACCESSORY <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER							
USE OF BUILDING							
TYPE OF CONSTRUCTION							
<input type="checkbox"/> WOOD FRAME <input type="checkbox"/> MASONRY <input type="checkbox"/> METAL				<input type="checkbox"/> POLE TYPE <i>(check one below)</i> <input type="checkbox"/> INSULATED <input type="checkbox"/> NON-INSULATED <input type="checkbox"/> MANUFACTURED <input type="checkbox"/> OTHER <input type="checkbox"/> MODULAR			
TOTAL SQUARE FEET			ESTIMATED VALUE OF WORK			TYPE OF HEATING SYSTEM	
			\$				

I HEREBY APPLY FOR A BUILDING PERMIT AND I ACKNOWLEDGE THAT THE INFORMATION ABOVE IS COMPLETE AND ACCURATE; THAT THE WORK WILL BE IN CONFORMANCE WITH THE ORDINANCES AND CODES OF THE COUNTY OF ISANTI AND WITH THE MINNESOTA BUILDING CODES; THAT I UNDERSTAND THIS IS NOT A PERMIT BUT ONLY AN APPLICATION FOR A PERMIT AND WORK IS NOT TO START WITHOUT A PERMIT; THAT THE WORK WILL BE IN ACCORDANCE WITH THE APPROVED PLAN.

SIGNATURE OF APPLICANT _____ **DATE** _____

PRINT NAME _____

OFFICE USE ONLY						
ZONING ADMINISTRATOR						DATE
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED						
SUBJECT TO EXISTING REGULATIONS AND THE FOLLOWING MINIMUM SETBACKS:						
ROAD ROW	CENTERLINE ROAD	PRIVATE ROAD EASEMENT	SIDE YARD	REAR YARD	LAKE/RIVER	BLUFFLINE
DISTRICT		COMMENTS				

BUILDING OFFICIAL				BUILDING PERMIT\$ _____			
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED							
BUILDING OFFICIAL VALUATION			\$	PLAN REVIEW FEE			_____
USE		OCCUPANCY		STATE SURCHARGE			_____
TYPE OF CONST.		TOTAL SQ. FT.		SEWER PERMIT			_____
NO. STORIES		SPRINKLER REQUIRED		PARK FEE			_____
		<input type="checkbox"/> YES <input type="checkbox"/> NO		PENALTY			_____
				ADMINISTRATIVE FEE			_____
				TOTAL			\$ _____

COMMENTS:						