

Building Permit Application



Planning & Zoning Department

1920 County Road 90
Independence, MN 55359

Phone: (763) 479-0531
Fax: (763) 479-0528

Site Address: _____
Owner Name _____
Property ID: _____
Telephone #: _____

Date Applied: _____

Date Approved: _____ Permit # _____

Type of Work:

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Re-Roof |
| <input type="checkbox"/> Deck | <input type="checkbox"/> Re-Side |
| <input type="checkbox"/> Finish/Remodel | <input type="checkbox"/> Septic |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Fireplace | <input type="checkbox"/> Other |

Contractor Information

Firm: _____

Contact: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Email: _____

License #: _____

Construction Type: _____

Description:

Valuation of Work: _____

Structure Size

Length _____ Width _____

Sq. Ft. _____ Height _____

Acknowledgement and Signature:

The undersigned hereby requests permission to make the real improvements specified, and declares under penalty of law acknowledgement and acceptance of all information, conditions, and requirements represented on this document. The undersigned affirms to the accuracy of all information submitted along with the application and acknowledges responsibility to pay for plan review costs associated with this application regardless of if the permit is issued.

The undersigned recognizes that this document is merely an application and that no work may be completed until plans have been approved, all permit fees are paid, and the permit has been issued. After the permit has been issued, the undersigned agrees to do all work in strict compliance with all City of Independence ordinances and State of Minnesota building code requirements. The undersigned further agrees to carry out inspections necessary for this permit.

Signature: _____

Print Name: _____

Office Use Only-FEES

Permit _____ Plan Review Fee _____

Penalty _____

Mech _____ Plumbing _____

Fireplace _____ Septic _____

Driveway _____ Culvert _____

Sewer _____ Other _____

State Surcharge _____

Total Fee(s) _____

Building Official Approval:

bsatek@ci.independence.mn.us