

CONSTRUCTION PERMIT APPLICATION

CITY OF COLD SPRING

27 Red River Ave S - Cold Spring, MN 56320
 Phone: (320) 685-3653 Fax: (320) 685-8551

Permit # _____
 Issued Date: _____

Owner: _____
 Phone: _____ Email: _____
 Site Address: _____
 Legal Description: Lot: _____ Block: _____
 Plat: _____
 Tax Parcel # : _____
 Description of Project: _____

Est. Value of Project: \$ _____ Est. Completion Date: _____

Size of Structure:

Height (to peak): _____ Width: _____ Depth: _____

Area of House (main floor + the story above): _____ sq. ft.

Area of Garage: _____ sq. ft. **Driveway Width at Curb:** _____

Lot Size:

Front: _____ Rear: _____ Side 1: _____ Side 2: _____

New Construction Setbacks (to wall of building):

Front: _____ Rear: _____ Side 1: _____ Side 2: _____

Width of Eave: _____ ft.

Builder: _____ **License #** _____

Address: _____ Phone # _____

Pre-1978 Structure? _____ Contractor Lead Cert. # _____

Homeowner Completing the Work? _____

~Plumber: _____

~HVAC: _____

~Water/Sewer Installer: _____

~Architect: _____

This permit becomes null and void if work on construction is not commenced within 180 days, or is suspended or abandoned for a period of 180 days at any time after work has commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with, whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Permit Fee _____
 Plan Check Fee _____
 Penalty Fee _____
 Plumbing Fee _____
 Mechanical Fee _____
 State Surcharge _____
 Water Hookup _____
 Sewer Hookup _____
 Erosion Deposit _____
 Driveway Permit Fee _____
 Driveway Deposit _____
 Water Meter _____
 Other _____
Total Fees _____

Fee Pd. Check # _____

Date Paid: _____

Code Analysis:

Type of Construction _____

Use of Building _____

Occupancy Group _____

Occupant Load _____

Zoning District: _____

Variance Granted Date: _____

SUP Granted Date: _____

Off Street Parking:

Spaces Req. _____

Spaces on Plan _____

Materials Filed With Application:

Plans & Specs: _____ Sets

Survey: _____ Copies

Energy Calculations: _____

Fire Sprinklers Required:

____ Yes _____ No

Notes:

 Applicant Date

Approved By:

 Building Inspector Date

 City Administrator Date

Inspections must be called in at least 24 hours in advance to:

Inspection Services of Central Minnesota, Inc: Phone: (612) 219-2252
For Inspections call: 320-532-3629