

BUILDING PERMIT/APPLICATION

CITY OF BLUE EARTH

507-526-7336

Date Received: _____ Received By: _____ Permit # _____

-----APPLICANT COMPLETE INFORMATION BELOW-----

Project Address: _____ or PID # _____

Legal Description: _____

Property Owner: _____ Phone _____

Address: _____ City: _____ Zip: _____

General Contractor: _____ License #: _____ Phone: _____

Plumbing Contractor: _____ License #: _____ Phone: _____

Mechanical Contractor: _____ Phone: _____

Proposed Use [Check One]: Dwelling ___ Private Garage ___ Deck ___ Home Addition ___

Pole Building ___ Finish Basement ___ Three Season Porch ___ Business/Commercial ___

Fireplace ___ Reroof ___ Siding ___ Furnace ___ Water Heater ___ Other _____

Description of Project: _____

_____ Dimensions: _____

Use and occupancy: _____ Type of Construction: _____

Estimated Value: _____ Lot Size/Dimensions: _____

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work 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.

Name [please print]: _____ Address: _____

City: _____ Zip: _____ Phone: _____

Signature: _____ Date: _____

-----CITY USE ONLY-----

PLANNING: Zoning District: _____ Minimum Setbacks Required: Front _____

Side _____ Rear _____ Road Right of Way _____ Other: _____

Reviewed By: _____ Date: _____

Subject to the following conditions: _____

BUILDING: Reviewed By: _____ Date: _____

-----FEES-----

Building Permit: _____ Plan Review: _____ State Surcharge: _____

Plumbing Permit: _____ Plan Review: _____ State Surcharge: _____

Mechanical Permit: _____ Plan Review: _____ State Surcharge: _____

Other: _____

Sub Totals: _____

TOTAL DUE: _____

Date Issued: _____ Issued By: _____ Receipt # _____