



320 South Oak Street - Sauk Centre, MN 56378  
Ph: (320) 352-2203 FAX: (320) 352-0121

## Commercial Building Permit Application

For Office Use Only	
Permit No.	_____
PID No.	_____
DATE RCVD.	_____
Permit Fee	_____
Surcharge	_____
Plan Check	_____
Water Access	_____
Sewer Access	_____
TOTAL	\$ _____

Please Type or Print Legibly:

1. Site Address \_\_\_\_\_ Sauk Centre, MN 56378
2. Owner(s) \_\_\_\_\_ Daytime Phone \_\_\_\_\_
3. Owner's Address (if different from above) \_\_\_\_\_
4. Legal Description of Site: *(Please Attach Metes & Bounds Description)*  
*Note\* If unknown, please refer to property tax statement or ask Zoning Administrator*
5. Type of Improvement:  
Build \_\_\_\_\_ Addition \_\_\_\_\_ Remodel \_\_\_\_\_ Roof Only \_\_\_\_\_ Other \_\_\_\_\_
6. Describe in detail work to be done \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Building Covering Material(s) *If Applicable* \_\_\_\_\_
8. Approximate Start Date \_\_\_\_\_
9. Estimated Cost of Project *(Including Materials & Labor)*: \$ \_\_\_\_\_
10. Type of Construction:  
On Site \_\_\_\_\_ Modular \_\_\_\_\_ Prefabricated \_\_\_\_\_ Other \_\_\_\_\_ *(Explain)*

**Additional Information Requested On Reverse**

11. Dimensions of Structure: \_\_\_\_\_

12. Number of Stories of Structure(s) \_\_\_\_\_

13. Please Provide the Following: *(If Applicable)*

General Contractor \_\_\_\_\_ PH: \_\_\_\_\_

Electrical Contractor \_\_\_\_\_ PH: \_\_\_\_\_

Plumbing Contractor \_\_\_\_\_ PH: \_\_\_\_\_

Mason & Concrete Contractor \_\_\_\_\_ PH: \_\_\_\_\_

Heating & Venting Contractor \_\_\_\_\_ PH: \_\_\_\_\_

Excavation Contractor \_\_\_\_\_ PH: \_\_\_\_\_

Sprinkler Contractor \_\_\_\_\_ PH: \_\_\_\_\_

**Required Forms & Items to Return with Application:**

  X   Utilities Checklist *(To Be Completed and Signed at Public Utilities Office)*

  X   Site Plan

  X   TWO SETS of Construction Plans *(Signed By Architect if Applicable)*

       Other \_\_\_\_\_

*Your application will be deferred until all checked items above are provided.*

\_\_\_\_\_  
**AUTHORIZED SIGNATURE OF OWNER OR OWNER'S AGENT**

\_\_\_\_\_  
**ZONING ADMINISTRATOR**

*This Permit Expires One Year From:* \_\_\_\_\_

\_\_\_\_\_  
**BUILDING OFFICIAL**

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. I have identified all property boundaries, easements, flood zones and/or wetlands existing on the property on my site plan and application. The undersigned further agrees the City and its' administrative staff relied on the accurateness of this application, plans and specifications relative to this project and holds the city of Sauk Centre, and its employees harmless from all liability arising from the granting of this permit.



