

City of Sauk Centre
320 South Oak Street - Sauk Centre, MN 56378
Ph: (320) 352-2203 FAX: (320) 352-2206

**Detached Accessory
Building Permit Application**

For Office Use Only	
Permit No.	_____
PID No.	_____
DATE RCVD.	_____
Permit Fee	_____
Surcharge	_____
Plan Check	_____
Total Fee	_____

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*

Lot _____ Block _____ Addition _____

5. Dimensions of Structure: Length _____ Width _____
6. Height of Structure: Sidewalls _____ Roof Line _____
7. Type of Siding _____
8. Approximate Start Date _____
9. Please provide contractor's name and license number as required by Minnesota Statute
Name _____ License No. _____ **OR**
This work is being done by applicant who is acting as their own general contractor and assumes complete responsibility. I have read and signed the Licensed Contractor Disclaimer. _____ (Initial Here)
10. Estimated Cost of Project *(Including Materials & Labor)*: \$ _____
11. Type of Construction:
Built On-Site _____ Other _____ *(Explain)*

Additional Information Required on Reverse

12. Is the home 45 years of age or older: *(If unknown, contact Stearns County Assessor's Office)*
Yes _____ No _____

13. Foundation Type (See Foundations Sheet & Check Which One Applies Below)

Exhibit 1 _____ Exhibit 2 _____ Exhibit 9 _____

Other _____ (Please Explain)

14. Please Provide the Following: (If Applicable)

Mason & Concrete Contractor _____ PH: _____

Excavation Contractor _____ PH: _____

15. Is the Building Heated:

Yes _____ No _____

Required Forms & Items to Return with Application:

- Utilities Checklist
- Site Plan
- Licensed Contrator Disclaimer
- Other _____

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

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.

AUTHORIZED SIGNATURE OF OWNER OR BUILDER

ZONING ADMINISTRATOR

This Permit Expires One Year From: _____

BUILDING INSPECTOR

Remarks: _____

