

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

**New Dwelling
 Building Permit Application**

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

Please Type or Print Legibly:

1. Site Address _____
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(s) _____ Block _____ Addition _____

5. Type of Construction:
 Built On-Site _____ Modular _____ Prefabricated _____ Other _____ *(Explain)*

6. Dimensions of Uses in Sq. Ft.:
 Dwelling (1st Story) _____ Dwelling (Additional Stories) _____
 Basement _____ Finished? _____ (yes or no) Garage _____
 Deck _____ *(If deck is planned it must be shown on plans and completed w/in 1 year)*

7. Number of Stories of Structure _____
8. Type of Siding _____
9. Approximate Start Date _____
10. Please provide general 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)

Additional Information Required on Reverse

11. Please Provide the Following:
 Electrical Contractor _____ PH: _____
 Plumbing Contractor _____ PH: _____
 Mason & Concrete Contractor _____ PH: _____
 Heating & Venting Contractor _____ PH: _____
 Excavation Contractor _____ PH: _____

12. Estimated Cost of Project (Including Materials & Labor): \$ _____

Required Forms & Items to Return with Application:

- Utilities Checklist (To Be Completed and Signed at Public Utilities Office)
- Site Plan
- TWO SETS of Construction Plans (One can be 8.5 x 11 for file)
- Cross section detailing foundation, footings, wall, roof, steps, deck, other (As applicable)
- Energy Calculations
- Licensed Contractor Disclaimer (If acting as own general contractor)
- 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, plan 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: _____

Note: Incomplete Applications Will Be Returned. To Expedite the Permit Process, Please Make Sure You Have Answered All Questions and Included ALL Supplemental Items as Noted Above.

REMARKS: _____

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Zoning Dist.	_____	Inspection	_____	Shoreland
Prop. Area	_____	Front	_____	Floodplain
Bldg. Area	_____	Rear	_____	Wellhead Zone
Frontage	_____	Sides	_____	Wetlands
Easements	_____	Elevation	_____	
# Accessory				