

APPLICATION FOR PERMIT: BUILDING LAND USE

CITY OF OLIVIA

1009 WEST LINCOLN AVENUE, OLIVIA, MN 56277

320-523-2361

FOR CITY USE ONLY

PERMIT NUMBER _____

DATE RECEIVED _____

RECEIPT NUMBER _____

Residential - Valuation

- R1 New Construction
- R2 Remodel / Addition
- R3 Attached Garage
- R4 Detached Accessory Structure
- R5 Deck / Porch
- R6 Mechanical

Residential - Fixed Fee

- R7 Roofing
- R8 Siding
- R9 Windows/Doors - same size
- R10 Fence
- R11 Shed under 200 sq ft
- R12 Sidewalk / Driveway

Commercial - Valuation

- C1 New Construction
- C2 Remodel/Addition
- C3 Mechanical
- C4 Roofing
- C5 Siding
- C6 Windows/Doors

JOB SITE ADDRESS _____

OWNERS NAME: _____ EMAIL: _____

OWNER'S ADDRESS (IF DIFFERENT): _____ PHONE NO. _____

CONTRACTOR NAME: _____ LICENSE NO. _____

CONTRACTOR ADDRESS: _____ PHONE NO: _____

DESCRIPTION OF PROPOSED WORK: _____

USE OF STRUCTURE RESIDENTIAL OR COMMERCIAL
(CIRCLE ONE)

APPLICANT'S VALUATION OF WORK
\$ _____

Every permit issued shall become invalid unless the work authorized by the permit is commenced within 180 days after its issuance, or if the work is authorized by the permit is suspended or abandoned for a period of 180 days after the time the work commenced building permit card shall be posted in an easily accessible location at the job site during construction for the Building Official to sign off as inspections are completed. No part of any building area authorized by this permit may be occupied until final inspection and issuance of a Certificate of Occupancy (if applicable) by the Building Official. Fees are not refundable. DO NOT BEGIN CONSTRUCTION UNTIL THIS PERMIT HAS BEEN VALIDATED AND BUILDING SETBACK LINES HAVE BEEN APPROVED BY THE ZONING ADMINISTRATOR.

PRINTED NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____

****Issuance of this permit does not initiate an automatic inspection request. It shall be the duty of the permit holder or their agent to notify the building official that such work is ready for inspection (See IRC Sec. 109.3 and IBC Sec. 109.5)**

CITY ZONING USE ONLY

PARCEL NUMBER: _____

LEGAL DESCRIPTION: _____

EASEMENT: _____

SETBACKS: _____

APPROVED BY: _____ & _____

PERMIT FEE

CITY FEE \$ _____

SURCHARGE \$ _____

PLAN REVIEW FEE \$ _____

LAND USE \$ _____

TOTAL SUM OF CHARGES \$ _____



FOR INSPECTIONS, PLEASE CONTACT DARIN HASLIP @ 320-226-5189