

APPLICATION FOR BUILDING PERMIT PAXTON TOWNSHIP Redwood Falls , MN 56283 507-644-3183	Box 1 For Township Use Only: Building Permit No. <u>PT - 20</u> Date Received _____ Date Paid _____
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Residential R1 <input type="checkbox"/> House or House Addition \$ _____ R2 <input type="checkbox"/> Remodel (Applicant Valuation) \$ _____ R3 <input type="checkbox"/> Attached Garage \$ _____ R4 <input type="checkbox"/> Deck/Porch \$ _____ R5 <input type="checkbox"/> Detached Garage/Accessory Use \$ _____ R6 <input type="checkbox"/> Modular/Manufactured Home \$ _____ Commercial C1 <input type="checkbox"/> Architect - Required \$ _____ C2 <input type="checkbox"/> Non-Architect (Includes Maint. Permits) \$ _____	Maintenance - Residential Box 3 All: (\$50.00 plus \$1.00 surcharge = \$51.00) M1 <input type="checkbox"/> Mechanical M2 <input type="checkbox"/> Reroof M3 <input type="checkbox"/> Siding M4 <input type="checkbox"/> Windows/Door - Same Size/Smaller *** Enlarged Size - Requires remodeling permit (R2) M5 <input type="checkbox"/> Miscellaneous Repair Demolition (Asbestos Inspection & lab fees not included) D1 <input type="checkbox"/> Residential(\$60.00 plus \$1.00 surcharge = \$51.00) D2 <input type="checkbox"/> Commercial(\$60.00 plus \$1.00 surcharge = \$51.00)
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Please Print: Box 4 Job Site Address _____ Owner's Name _____ Owner's Address _____ Owner's Telephone Number _____ Contractor Name _____ License No. _____ Contractor Address _____ Phone No. _____ Parcel Number _____ Legal Description _____ Description of Proposed Work _____
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Use of Structure If this is a residential property - was it built prior to 1978? Yes___ No___ Will this project involve the disturbance of any lead-painted materials? Yes___ No___ Contractors Lead License#: _____ 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 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. DO NOT BEGIN CONSTRUCTION UNTIL THIS PERMIT HAS BEEN VALIDATED AND BUILDING SETBACK LINE HAVE BEEN APPROVED BY THE ZONING ADMINISTRATOR. Printed Name of Applicant: _____ Signature of Applicant: _____	<table border="1" style="width:100%;"> <tr> <td style="padding: 2px;"> Applicant's Valuation of Work: _____ </td> </tr> </table> <table border="1" style="width:100%;"> <tr> <td style="padding: 2px; text-align: center;"> NOTE: TWO SETS OF PLANS ARE REQUIRED WITH YOUR BUILDING PERMIT APPLICATION </td> </tr> </table>	Applicant's Valuation of Work: _____	NOTE: TWO SETS OF PLANS ARE REQUIRED WITH YOUR BUILDING PERMIT APPLICATION
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The 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)

<table border="1" style="width:100%;"> <tr> <td style="text-align: center;">TOWNSHIP ZONING USE ONLY</td> <td style="text-align: right;">Box 5</td> </tr> <tr> <td>Zoning District _____</td> <td>Floor Area Ratio _____</td> </tr> <tr> <td>Property Dimension _____</td> <td>Front Setback _____</td> </tr> <tr> <td>Property Area _____</td> <td>Rear Setback _____</td> </tr> <tr> <td>Building Area _____</td> <td>Side Setback _____</td> </tr> <tr> <td>Lot Coverage _____</td> <td>Building Height _____</td> </tr> <tr> <td colspan="2" style="padding: 5px;"> It is hereby certified that this proposed project meets zoning requirements for Paxton Township. </td> </tr> <tr> <td style="text-align: center;">_____ Zoning Signature Approval</td> <td style="text-align: center;">_____ Date</td> </tr> </table>	TOWNSHIP ZONING USE ONLY	Box 5	Zoning District _____	Floor Area Ratio _____	Property Dimension _____	Front Setback _____	Property Area _____	Rear Setback _____	Building Area _____	Side Setback _____	Lot Coverage _____	Building Height _____	It is hereby certified that this proposed project meets zoning requirements for Paxton Township.		_____ Zoning Signature Approval	_____ Date	Box 6 CALCULATED VALUATION \$ _____ BUILDING PERMIT CHARGES Permit Fee \$ _____ Surcharge \$ _____ PERMIT FEE \$ _____ TOWNSHIP CHARGES Zoning Check \$ _____ Water Connect \$ _____ Sewer Connect \$ _____ Miscellaneous \$ _____ TOWNSHIP CHARGES \$ _____ TOTAL SUM OF CHARGES \$ _____
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Box 7 APPROVED FOR ISSUANCE BY: _____ <div style="display: flex; justify-content: space-between;"> Signature of Building Official Date </div>	
Type of Construction _____	Occupancy Class _____
For Inspections, please contact: Darin Haslip @ 320-226-5189	