

BUILDING PERMIT FOR CHISAGO CITY

PO Box 611, Chisago City, MN 55013
 abodell@ci.chisago.mn.us 651-257-4162

Permit No. _____

BUILDING INFORMATION

OWNER (Name) _____ (Street Address) _____ (E-mail Address) _____	
(City) _____ (State) _____ (Zip) _____ (Tel. No.) _____	
CONTRACTOR (Name) _____ (Address) _____ (City) _____ (State) _____ (Zip) _____	
(Tel. No.) _____ (License #) _____ (E-mail) _____ Address _____	SIZE OF STRUCTURE (Height) _____ (Width) _____ (Depth) _____
SITE ADDRESS _____	NO. OF STORIES _____
LEGAL DESCRIPTION PARCEL NUMBER _____	TYPE OF CONSTRUCTION _____
SECTION _____ LOT _____ BLOCK _____	
ADDITION _____	
TYPE OF WORK Fire Place <input type="checkbox"/> Deck <input type="checkbox"/> Mechanical <input type="checkbox"/> Fence <input type="checkbox"/> Reroofing: _____ New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Windows <input type="checkbox"/> Residing <input type="checkbox"/> Plumbing <input type="checkbox"/> Tear off <input type="checkbox"/> Finish Basement <input type="checkbox"/> Porch <input type="checkbox"/> Garage <input type="checkbox"/> Remodel <input type="checkbox"/> Septic <input type="checkbox"/>	DESCRIPTION OF WORK _____
SURVEY REQUIRED FOR: New home Construction, Additions, Garage, Garage Additions	ESTIMATED VALUE OF PROJECT \$ _____
Sq. Ft. _____	LOT DIMENSIONS Width _____ Depth _____

I hereby certify that I have furnished information on this application which is to the best of my knowledge true and correct. I also certify that I am the owner or authorized agent for the above mentioned property and that all construction will conform to all existing state and local laws and will proceed in accordance with submitted plans. I am aware that the building official can revoke this permit for just cause. Furthermore, I hereby agree that the city building official or a designee may enter upon the property to perform needed inspections.

X _____ Signature of Applicant _____ Date _____

FOR ADMINISTRATIVE USE

SETBACKS: Required _____ Actual _____ Front Back Side Side	Must provide hard copies and electronic copies sent to: LNelson@ci.chisago.mn.us
APPROVED: _____ NOTES _____ APPLICATION REQUIREMENTS <input type="checkbox"/> 2 SETS PLANS AND SPECS <input type="checkbox"/> 2 TO-SCALE SURVEYS <input type="checkbox"/> SUB-CONTRACTOR LIST <input type="checkbox"/> ENERGY CALCS <input type="checkbox"/> SEPTIC <input type="checkbox"/> ACKNOWLEDGEMENT OF SILT FENCE, SEW & WAT & DRIVEWAY HANDOUTS <input type="checkbox"/> PERC TEST <input type="checkbox"/> SOIL TEST <input type="checkbox"/> PILING LOGS	

TYPE OF CONSTRUCTION: I II III IV V N

Sprinklered Y N

Occupancy Group: A B E I H R M

Code in Effect _____

Division 1 2 3 4

Permit Fee \$ _____
 Plan Review Fee \$ _____
 State Surcharge \$ _____
 Plumbing \$ _____
 Mechanical \$ _____

Water Hook-up \$ _____
 Sewer Hook-up \$ _____
 Meter \$ _____
 Penalty \$ _____
 Other \$ _____

TOTAL DUE \$ _____

Building Official Approval
 By _____
 Date _____

Checks payable to Chisago County Treasurer
 Receipt No. _____
 Date _____ By _____

- INSPECTIONS; 651-213-8370 -
 - BEFORE OCCUPANCY, CERTIFICATE OF OCCUPANCY MUST BE ISSUED -

City Permit Number _____

City Administrator _____ Date _____ Special Conditions if any _____