

**COUNTY OF OLMSTED
PLANNING DEPARTMENT
INSPECTIONS DIVISION**

2122 Campus Drive SE, Suite 100
Rochester, MN 55904-4744

Building/Well/Septic
Phone: (507) 328-7111
Fax: (507) 328-7958



**BUILDING/ZONING
Permit Application**

Office Use Only	6/1/10
APPLICATION NO. _____	

City of

Stewartville

REQUIRED SUBMITTAL INFORMATION:

- **2 Copies of site plan**, including distance from other structures, property lines, public streets, easements, septic tanks, drainfields and all wells.
- **2 Sets of drawings with specifications**, per type of structure.

Site Address: _____						
	Number	Street	City/State	Zip		
TOWNSHIP/SECTION	SUBDIVISION or METES & BOUNDS DESCRIPTION			BLOCK	LOT	
PLAT	PARCEL/R#					
Project Name: _____						
PROPERTY OWNER	Name _____		Phone () _____			
	Last	First	MI	Work / Residence		
	Address _____		Fax () _____			
	Number	Street				
	City _____		State _____		Zip Code _____	
CONTRACTOR/ OTHER	Company _____		Phone () _____			
	Name _____		Fax () _____		Work / Cellular	
	Last	First	MI			
	Address _____		State Lic. No. _____			
	Number	Street	Exp. / /			
		City _____		State _____		Zip Code _____
EPA Lead Abatement Cert. No. _____						
ARCHITECT/ DESIGNER/ ENGINEER	Company _____		Phone () _____			
	Name _____		Fax () _____		Work / Cellular	
	Last	First	MI			
	Address _____		Registration No. _____			
	Number	Street	(State of MN)			
	City _____		State _____		Zip Code _____	
TRADE CONTRACTORS' COMPANY NAME	Well _____	New _____		Existing _____		
	Septic _____	New _____		Existing _____		
	No. Bedrooms (Including Future) ___		G.D. (Y) (N)			
	Footing _____		VALUATION (Materials + Labor)			
	Poured Wall _____		DO NOT Combine Valuations			
	Plumbing _____		-----		\$	
	Gas Piping _____		-----		\$	
	Mechanical _____		-----		\$	
	Mechanical A/C _____		-----		\$	
	# Fireplace(s) _____		-----		\$	
Electrical - (separate application through state)						

Continued on other side

<p align="center">PROJECT DESCRIPTION</p> <p>RESIDENTIAL (New)</p> <input type="checkbox"/> Footing/Foundation <input type="checkbox"/> One Family (Detached) <input type="checkbox"/> Two Family (Attached) <input type="checkbox"/> Multi-Family - 3 & 4 Units <input type="checkbox"/> 5 or more Units <input type="checkbox"/> Garage Slab Only <input type="checkbox"/> Garage (___ attached ___ detached)	<p>COMMERCIAL (New)</p> <input type="checkbox"/> Church/Religious <input type="checkbox"/> Footing/Foundation <input type="checkbox"/> Hospital Institutional <input type="checkbox"/> Hotel or Motel <input type="checkbox"/> Industrial/Warehouse <input type="checkbox"/> Office/Bank <input type="checkbox"/> Parking Garage <input type="checkbox"/> Public Works & Util. <input type="checkbox"/> Recreational <input type="checkbox"/> School/Educational <input type="checkbox"/> Service/Repair Station <input type="checkbox"/> Sign (Dimensions _____ Number of Faces _____ Height _____) valuation \$ _____	<p>MISCELLANEOUS</p> <input type="checkbox"/> Nonresidential Building (pole barn, storage shed, etc.) <input type="checkbox"/> Structures Other Than Buildings (Pools, Retaining Walls, Canopy, Etc.) <input type="checkbox"/> Other _____ (Describe)
<p>RESIDENTIAL (Existing)</p> <input type="checkbox"/> Footing/Foundation <input type="checkbox"/> Deck <input type="checkbox"/> Addition <input type="checkbox"/> Alterations (Val. of Mat's + Labor) \$ _____	<p>COMMERCIAL (Existing)</p> <input type="checkbox"/> Footing/Foundation <input type="checkbox"/> Addition <input type="checkbox"/> Alterations (Val. of Mat's + Labor) \$ _____	
<p>Original structure built _____ (Year)</p>		

GENERAL INFORMATION	<p>No. Dwelling Units _____ No. Stories _____ Occupancy Type _____ Construction Type _____</p> <p>Square Footage:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border-bottom: 1px solid black;">Above</td> <td style="width:25%; border-bottom: 1px solid black;">Basement</td> <td style="width:25%; border-bottom: 1px solid black;">Garage</td> <td style="width:25%; border-bottom: 1px solid black;">Porch</td> <td style="width:25%; border-bottom: 1px solid black;">Deck</td> </tr> <tr> <td>Basement</td> <td> <input type="checkbox"/> Finished <input type="checkbox"/> Semi-finished/unfinished <input type="checkbox"/> Existing </td> <td></td> <td></td> <td></td> </tr> </table> <p>Other: (describe) _____</p>	Above	Basement	Garage	Porch	Deck	Basement	<input type="checkbox"/> Finished <input type="checkbox"/> Semi-finished/unfinished <input type="checkbox"/> Existing			
Above	Basement	Garage	Porch	Deck							
Basement	<input type="checkbox"/> Finished <input type="checkbox"/> Semi-finished/unfinished <input type="checkbox"/> Existing										

I hereby apply for a Building/Zoning Permit, and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances of Olmsted County and with the Minnesota Building Codes; that I understand this is not a permit, but only an application for a permit, and work is not to start without a permit; and that the work will be in accordance with the approved plan in the case of work which requires a review and approval of plans.

Applicant's Signature _____ **Date** ___/___/___

Owner Contractor Other (describe) _____

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY	
ZONING REVIEW	<p>Zoning District _____ Site Plan _____</p> <p>Required Setbacks: Front _____ Side _____ Rear _____ Side Street _____</p> <p>Comments _____</p> <hr/> <p>Zoning Administrator _____ Date ___/___/___</p>
AQUIFER REVIEW	<p>Well Const. # _____ Well Sealing # _____ ISTS # _____</p> <p>Comments _____</p> <p>Well/Septic Inspector _____ Date ___/___/___</p>
BUILDING REVIEW	<p>Comments _____</p> <p>Building Inspector _____ Date ___/___/___</p>
<p>APPLICATION APPROVED BY _____ Date ___/___/___</p> <p align="center">BUILDING OFFICIAL</p>	