CITY OF CHISHOLM
BUILDING PERMIT APPLICATION

DATE: / /

OWNER:	**PARCEL CODE:** 020- -	**PERMIT #**	**TOTAL PERMIT FEE**
JOB ADDRESS:	**MAIL ADDRESS:** *Same as job address ( )	**PHONE #**	
CONTRACTOR *Work is being done by owner ( )	**MAIL ADDRESS** **Email:**	**PHONE #**	**LICENSE NO.**

COPY OF CONTRACT SUBMITTED: ( ) **YES** ( ) **NO**

SITE PLANS SUBMITTED: ( ) **YES** ( ) **NO**

***Your Building Official: Mandy Galli BO650331**
mgalli@ci.chisholm.mn.us

***Note: See Building Official for NEW construction fees**

CONTRACT TOTAL: $_____ **OR APPROXIMATE MATERIALS TOTAL: $**_____

DESCRIBE WORK TO BE DONE:

APPLICATION ACCEPTED BY	PLANS CHECKED BY	APPROVED FOR ISSUANCE BY

NOTICE:

*SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING, AIR CONDITIONING, FENCES, DECKS, REMODELING, CONCRETE.

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

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. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

APPLICANT SIGNATURE: (Date)

PERMIT FEE	PLAN CHECK FEE	MN SURCHARGE
TYPE OF CONST.	OCCUPANCY GROUP	DIVISION
SIZE OF BLDG. (TOTAL SQ. FEET)	NO. OF STORIES	MAX. OCC. LOAD
	USE ZONE	FIRE SPRINKLERS REQUIRED YES NO
NO. OF DWELLING UNITS	**(PERMIT NUMBER)**	

SPECIAL APPROVALS	REQUIRED	RECEIVED	NOT REQUIRED
ZONING			
HEALTH DEPT.			
FIRE DEPT.			
SOIL REPORTS			
OTHER (SPECIFY)			

BUILDING SETBACKS	**R 1**	**R2**	**GB**
FRONT	30	30	25
SIDE	5 (*CL,15)	5 (CL,25)	20
REAR	30	40	35
GARAGE			
FRONT	30	40	- -
SIDE	2 (CL,15)	5 (CL,25)	- -
REAR	5	5	- -

* CL = (CORNER LOT)