

**APPLICATION FOR BUILDING PERMIT** Box 1  
**PAXTON TOWNSHIP**  
 Redwood Falls , MN 56283  
 507-644-3183

**For Township Use Only:** Box 2  
 Building Permit No. PT - -18  
 Date Received \_\_\_\_\_  
 Date Paid \_\_\_\_\_

**Residential**

R1  House or House Addition \$ \_\_\_\_\_  
 R2  Remodel (Applicant Valuation) \$ \_\_\_\_\_  
 R3  Attached Garage \$ \_\_\_\_\_  
 R4  Deck/Porch \$ \_\_\_\_\_  
 R5  Detached Garage/Accessory Use \$ \_\_\_\_\_  
 R6  Modular/Manufactured Home \$ \_\_\_\_\_

**Commercial**

C1  Architect - Required \$ \_\_\_\_\_  
 C2  Non-Architect (Includes Maint. Permits) \$ \_\_\_\_\_

**Maintenance - Residential** Box 3

All: (\$50.00 plus \$1.00 surcharge = \$51.00)

M1  Mechanical  
 M2  Reroof  
 M3  Siding  
 M4  Windows/Door - Same Size/Smaller  
 \*\*\* Enlarged Size - Requires remodeling permit (R2)  
 M5  Miscellaneous Repair

**Demolition** (Asbestos Inspection & lab fees not included)

D1  Residential(\$60.00 plus \$1.00 surcharge = \$51.00)  
 D2  Commercial(\$60.00 plus \$1.00 surcharge = \$51.00)

**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** \_\_\_\_\_

**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: \_\_\_\_\_

**Applicant's Valuation of Work:**  
 \_\_\_\_\_

**NOTE: TWO SETS OF PLANS ARE REQUIRED WITH YOUR BUILDING PERMIT APPLICATION**

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)

**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

**CALCULATED VALUATION** \$ \_\_\_\_\_ Box 6

**BUILDING PERMIT CHARGES**

Permit Fee \$ \_\_\_\_\_  
 Surcharge \$ \_\_\_\_\_  
**PERMIT FEE** \$ \_\_\_\_\_

**TOWNSHIP CHARGES**

Zoning Check \$ \_\_\_\_\_  
 Water Connect \$ \_\_\_\_\_  
 Sewer Connect \$ \_\_\_\_\_  
 Miscellaneous \$ \_\_\_\_\_  
**TOWNSHIP CHARGES** \$ \_\_\_\_\_

**TOTAL SUM OF CHARGES** \$ \_\_\_\_\_

**FOR INSPECTIONS CALL 320-226-5189**

**APPROVED FOR ISSUANCE BY:** \_\_\_\_\_ Box 7  
 Signature of Building Official Date

**Type of Construction** \_\_\_\_\_ **Occupancy Class** \_\_\_\_\_

**For Inspections, please contact: Darin Haslip @ 320-226-5189**