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| APPLICATION FOR BUILDING PERMIT PAXTON TOWNSHIP Redwood Falls , MN 56283 507-644-3183 | Box 1 | For Township Use Only: Building Permit No. <u>PT - 23</u> Date Received _____ Date Paid _____ | Box 2 |
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| Residential R1 <input type="checkbox"/> House or House Addition \$ _____ R2 <input type="checkbox"/> Remodel (Applicant Valuatc \$ _____ R3 <input type="checkbox"/> Attached Garage \$ _____ R4 <input type="checkbox"/> Deck/Porch \$ _____ R5 <input type="checkbox"/> Detached Garage/Accessory \$ _____ R6 <input type="checkbox"/> Modular/Manufactured Homi \$ _____ Commercial C1 <input type="checkbox"/> Architect - Required \$ _____ C2 <input type="checkbox"/> Non-Architect (Includes Maint. Permits \$ _____ | Box 3 | Maintenance - Residential All: (\$65.00 plus \$1.00 surcharge = \$66.00) 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 (Valuation Based - See Appendix - B) D2 <input type="checkbox"/> Commercial (Valuation Based - See Appendix - B) |
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| Please Print: 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 _____ | Box 4 |
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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%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applicant's Valuation of Work:</td> </tr> <tr> <td style="height: 20px;">_____</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px; text-align: center;">NOTE: TWO SETS OF PAPER PLANS AND/OR ELECTRONIC PLANS REQUIRED WITH YOUR BUILDING PERMIT APPLICATION</td> </tr> </table> | Applicant's Valuation of Work: | _____ | NOTE: TWO SETS OF PAPER PLANS AND/OR ELECTRONIC PLANS 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)

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| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">TOWNSHIP ZONING USE ONLY</td> <td style="text-align: right; font-size: small;">Box 5</td> </tr> <tr> <td style="width:30%;">Zoning District _____</td> <td style="width:30%;">Floor Area Ratio _____</td> <td></td> </tr> <tr> <td>Property Dimension _____</td> <td>Front Setback _____</td> <td></td> </tr> <tr> <td>Property Area _____</td> <td>Rear Setback _____</td> <td></td> </tr> <tr> <td>Building Area _____</td> <td>Side Setback _____</td> <td></td> </tr> <tr> <td>Lot Coverage _____</td> <td>Building Height _____</td> <td></td> </tr> <tr> <td colspan="3" style="padding: 5px;">It is hereby certified that this proposed project meets zoning requirements for Paxton Township.</td> </tr> <tr> <td style="border-top: 1px solid black;">Zoning Signature Approval _____</td> <td style="border-top: 1px solid black;">Date _____</td> <td></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 _____ | | <table style="width:100%;"> <tr> <td style="width:60%;">CALCULATED VALUATION</td> <td style="width:40%; text-align: right;">\$ _____</td> </tr> <tr> <td colspan="2">BUILDING PERMIT CHARGES</td> </tr> <tr> <td>Permit Fee</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Plan Review</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Surcharge</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="2" style="text-align: right;">PERMIT FEE</td> </tr> <tr> <td colspan="2" style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="2">ZONING CHARGES</td> </tr> <tr> <td>Zoning Check</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Water Connect</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Sewer Connect</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Miscellaneous</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="2" style="text-align: right;">ZONING CHARGES</td> </tr> <tr> <td colspan="2" style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="2">TOTAL SUM OF CHARGES</td> </tr> <tr> <td colspan="2" style="text-align: right;">\$ _____</td> </tr> </table> | CALCULATED VALUATION | \$ _____ | BUILDING PERMIT CHARGES | | Permit Fee | \$ _____ | Plan Review | \$ _____ | Surcharge | \$ _____ | PERMIT FEE | | \$ _____ | | ZONING CHARGES | | Zoning Check | \$ _____ | Water Connect | \$ _____ | Sewer Connect | \$ _____ | Miscellaneous | \$ _____ | ZONING CHARGES | | \$ _____ | | TOTAL SUM OF CHARGES | | \$ _____ | |
| 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 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BUILDING PERMIT CHARGES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Permit Fee | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plan Review | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surcharge | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERMIT FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ZONING CHARGES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zoning Check | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Water Connect | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sewer Connect | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Miscellaneous | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ZONING CHARGES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL SUM OF CHARGES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| APPROVED FOR ISSUANCE BY: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Signature of Building Official Date </div> | Box 7 |
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|---|------------------------------|
| Type of Construction _____ | Occupancy Class _____ |
| For Inspections, please contact: Darin Haslip @ 320-226-5189 | |