



City of Maple Plain
 1620 Maple Avenue
 P.O. Box 97
 Maple Plain, MN 55359
 Office: (763) 479-0515
 Fax: (763) 479-0519

BUILDING PERMIT APPLICATION

PERMIT INFORMATION

Permit Fee \$	Application Fee* \$100.00	Date Issued	Permit Number
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PROJECT LOCATION & VALUE

Site Address or Property Identification Number	Estimated Value \$
Legal Description Section _____ Lot _____ Block _____ Addition _____ Plat _____ Parcel _____	

APPLICANT INFORMATION

Applicant Name	Company, if applicable
Address	Phone () -
City, State, Zip	Email
Are you the owner of the property? <input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>(If not, property owner information is required.)</i>	

Owner Name	
Address	Phone () -
City, State, Zip	Email

Contractor Information	
Name	License Number

PROJECT INFORMATION

Builder Name	Address	Phone () -
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Architect Name	Address	Phone () -
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Type of Work <i>(Check all that apply.)</i>		
Construction <input type="checkbox"/> New Construction / Addition <input type="checkbox"/> Finish Basement <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Temporary Structure Use _____ <input type="checkbox"/> Deck / Porch Miscellaneous <input type="checkbox"/> Fence <input type="checkbox"/> Remove Underground Tanks <input type="checkbox"/> Signage	Alterations <input type="checkbox"/> Interior Remodel <input type="checkbox"/> Re-roofing <input type="checkbox"/> Re-siding <input type="checkbox"/> Stucco <input type="checkbox"/> Windows <input type="checkbox"/> Other _____ Demolition & Relocation <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Building Move	Plumbing & Mechanical <input type="checkbox"/> Plumbing <i>(incl. sump pump)</i> <input type="checkbox"/> Mechanical <input type="checkbox"/> Furnace <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Commercial HVAC <input type="checkbox"/> Water Heater <input type="checkbox"/> Softener <input type="checkbox"/> Fireplace / Chimney <input type="checkbox"/> Fire Protection Fixtures <input type="checkbox"/> Plumbing Fixtures _____ <input type="checkbox"/> Mechanical Fixtures _____

Structure Size <i>(In feet.)</i> H: W: D:	Building Square Foot sq. ft.	Addition Square Foot sq. ft.	Stories
Property Dimension W: D:	Property Area sq. ft.	Estimated Value \$	Completion Date
Front Yard Setback Front: ft.	Rear Yard Setback Rear: ft.	Side Yard Setback Left: ft.	Side Yard Setback Right: ft.

MISCELLANEOUS

Additional Comments

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AGREEMENT

The undersigned hereby agree that, in case such permit is granted, that all work which shall be done and all materials which shall be used shall comply with the plans and specifications herewith submitted and with all ordinances of the City of Maple Plain, Minnesota applicable hereto.

Applicant Signature

Building Inspector Signature

Date

Date

NOTICE TO APPLICANT

Items to submit with application

- Four (4) copies of permit application.
- Two sets of all plans, drawings, and other information required or requested by the Building Inspector.
- Payment of \$100 non-refundable application fee for projects requiring plan review.
(Applied to balance due.)

Notice to applicant

- Plans must be drawn to scale.
- The City will try to process applications as soon as possible; 3 to 5 business days may be required.
- The Building Inspector reserves the right to request additional information.
- Plan check fees must be paid if permit application is withdrawn by applicant.
- A WAC and/or SAC determination(s) may apply.

OFFICE USE ONLY

Fees

<input type="checkbox"/> Permit Fee \$ _____ <input type="checkbox"/> Plan Check Fee \$ _____ <input type="checkbox"/> Admin Fee \$ _____ <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> State Surcharge \$ _____ <input type="checkbox"/> Penalty \$ _____	<input type="checkbox"/> Plumbing Fee \$ _____ <input type="checkbox"/> Mechanical Fee \$ _____ <input type="checkbox"/> Water Heater \$ _____ <input type="checkbox"/> Water Softener \$ _____ <input type="checkbox"/> Fireplace \$ _____	<input type="checkbox"/> WAC Fee \$ _____ <input type="checkbox"/> SAC Fee \$ _____ <input type="checkbox"/> Water Meter \$ _____ <input type="checkbox"/> Sump Pump \$ _____
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Permit Fees Due \$

Code Analysis <i>(Use abbreviations.)</i>	Zoning District	Special Approvals
Type of Construction _____ Use of Building _____ Occupancy Group _____ Occupancy Load _____	<input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> MU-G <input type="checkbox"/> MU-D <input type="checkbox"/> MU-B <input type="checkbox"/> I1 <input type="checkbox"/> I2 <input type="checkbox"/> OP	<input type="checkbox"/> Zoning <input type="checkbox"/> Fire <input type="checkbox"/> Health <input type="checkbox"/> Public Works <input type="checkbox"/> County <input type="checkbox"/> Watershed

Fire Sprinklers Required	Variances <i>(If applicable)</i>	Certificate of Occupancy Issued
<input type="checkbox"/> Yes. <input type="checkbox"/> No.	Date Granted	Date By

Please call Metro West Inspections to schedule final inspection at 763-479-1720