



City of Maple Plain  
 5050 Independence St  
 P.O. Box 97  
 Maple Plain, MN 55359  
 Office: (763) 479-0515  
 Fax: (763) 479-0519

# BUILDING PERMIT APPLICATION

## PERMIT INFORMATION

Application Fee \$100	Date Pd	Receipt No.	Permit Number
Permit Fee \$	Date Pd	Receipt No.	Date Issued

## PROJECT LOCATION & VALUE

Site Address	Estimated Value \$
Property I.D. Number	

## 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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Type of Work <i>(Check all that apply.)</i>		
<b>Construction</b> <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  <b>Miscellaneous</b> <input type="checkbox"/> Fence over 6 feet <input type="checkbox"/> Remove Underground Tanks <input type="checkbox"/> Signage	<b>Alterations</b> <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 _____  <b>Demolition &amp; Relocation</b> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Building Move	<b>Plumbing &amp; Mechanical</b> <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  <b>Fixtures</b> <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**

**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**

- Two (2) 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"/> Plumbing Fee \$_____   | <input type="checkbox"/> WAC Fee \$_____     |
| <input type="checkbox"/> Plan Check Fee \$_____  | <input type="checkbox"/> Mechanical Fee \$_____ | <input type="checkbox"/> SAC Fee \$_____     |
| <input type="checkbox"/> Admin Fee \$_____       | <input type="checkbox"/> Water Heater \$_____   | <input type="checkbox"/> Water Meter \$_____ |
| <input type="checkbox"/> Other \$_____           | <input type="checkbox"/> Water Softener \$_____ | <input type="checkbox"/> Sump Pump \$_____   |
| <input type="checkbox"/> State Surcharge \$_____ | <input type="checkbox"/> Fireplace \$_____      |  |
| <input type="checkbox"/> Penalty \$_____         |   |  |

**Permit Fees Due \$**

**Code Analysis (Use abbreviations.)**

Type of Construction  
Use of Building  
Occupancy Group  
Occupancy Load

**Zoning District**

- R1  R2  R3
- MU-G  MU-D  MU-B
- I1  I2
- OP

**Special Approvals**

- Zoning  Fire
- Health  Public Works
- County  Watershed

**Fire Sprinklers Required**

- Yes.  No.

**Variances (If applicable)**

Date Granted

**Certificate of Occupancy Issued**

Date By

**Please call Metro West Inspections to schedule all inspections at 763-479-1720**