

DO NOT WRITE IN SHADED AREAS

THE CITY OF OWATONNA BUILDING PERMIT

PERMIT NO.

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ADDRESS OF JOB	DATE OF APPLICATION	
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LEGAL DESCRIPTION	LOT	BLOCK	ADDITION
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OWNER NAME AND ADDRESS	CITY	STATE	ZIP	PHONE:
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BUSINESS/TENANT NAME

CONTRACTOR	NAME	CITY LICENSE NO.
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ADDRESS	CITY	STATE	ZIP	PHONE:
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CLASSIFICATION OF STRUCTURE:

(1) Single family detached or duplex
 (2) Single family attached (condominium, townhome)
 (3) Multi-family residential (apartment, hotel, motel, etc.)
 (4) Assembly building (public use, church, amusement, restaurant, etc.)
 (5) Industrial building
 (6) Commercial/retail building (office, mercantile, sales, service, etc.)
 (7) Educational building
 (8) Institutional building (hospital, nursing home, jail)
 (9) Other building (parking garage, etc.)
 (10) Structure other than a building (tower, swimming pool, etc.)

CLASS OF WORK: (1) NEW (2) ADDITION (3) REMODEL (4) REPAIR (5) REPLACED (6) CONVERSION (7) DEMOLITION

FLOOD PLAIN DIST. YES <input type="checkbox"/> NO <input type="checkbox"/>	HISTORIC DIST. YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL SQ. FT. OF NEW CONSTRUCTION
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SET BACKS (IN FEET):	N	S	E	W	OCCUPANCY GROUP & DIV.	C/O REQ'D	Y <input type="checkbox"/> N <input type="checkbox"/>
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AREA AT GRADE (SF)	HEIGHT (FEET)	NO. OF STORIES	TOTAL UNITS
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BASEMENT <input type="checkbox"/>	FINISHED <input type="checkbox"/>	UNFINISHED <input type="checkbox"/>	GARAGE <input type="checkbox"/>	OPEN AREA <input type="checkbox"/>	ATTACHED <input type="checkbox"/>	DETACHED <input type="checkbox"/>	DIMENSIONS OF NEW CONSTRUCTION
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IF PLANS ARE SUBMITTED DO NOT WRITE BELOW THIS LINE

FOUNDATION	DEPTH BELOW GRADE:	JOISTS	(SIZE/SPACING - MAX SPAN)	(01) ZONING	REQ'D	(06) BUILDING	REQ'D
	FOOTING SIZE:		FLOOR:	(02) ENGINEERING		(07) MECHANICAL	
	FDN WALL THICKNESS: TYPE		CEILING:	(03) TRAFFIC		(08) PLUMBING	
	CAISSON THICK'D EDGE SLAB DIA. YES <input type="checkbox"/> NO <input type="checkbox"/>		RAFTER:	(04) FIRE		(09) ELECTRICAL	
	GRADE OF LUMBER:			(05) UTILITIES		(10) OTHER	

EXT. WALL	TYPE:	BRICK <input type="checkbox"/> OTHER: FINISH: BLOCK <input type="checkbox"/> (SPECIFY)	
	SIZE:	BRICK VENEER <input type="checkbox"/> OTHER: FINISH: WOOD <input type="checkbox"/> (SPECIFY)	

POST & BEAM	COLUMN SIZE:	SPACING:	BEAM SIZE:
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ROOF	ROOF SHEATHING TYPE & SIZE:	ROOFING MATERIAL:	VALUATION OF WORK \$
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ARCHITECT/ENGINEER	LICENSE NO.	<input type="checkbox"/> 4000-3120-03.00 <input type="checkbox"/> 4000-3120-09.03	PERMIT FEE \$ DOUBLE FEE <input type="checkbox"/>
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ADDITIONAL INFORMATION

	16 PC	PLAN YES <input type="checkbox"/>	PLAN REVIEW FEE
	4000-3120-05.00	FILED NO <input type="checkbox"/>	\$
	4000-3920-02.00	STATE SURCHARGE	\$
	20 DR	DRIVEWAY FEE:	\$
	4000-3510-02.00		
	4840-3720-02.00	SEWER TAP:	\$

NOTES TO APPLICANT:
 SEPARATE PERMITS REQUIRED FOR WIRING, PLUMBING, HEATING, RETAINING WALLS & DEMOLITION. PERMIT EXPIRES 180 DAYS FROM ISSUANCE UNLESS WORK IS STARTED BY THAT TIME.

FOR ALL WORK DONE UNDER THIS PERMIT THE PERMITTEE ACCEPTS FULL RESPONSIBILITY FOR COMPLIANCE WITH THE STATE PLUMBING CODE AND ALL OTHER APPLICABLE LAWS AND ORDINANCES. REQUIRED INSPECTIONS SHALL BE REQUESTED ONE WORKING DAY IN ADVANCE.

TELEPHONE 444-4370 BEFORE 4:30 P.M.
 APPLICANT NAME _____

SIGNATURE OF APPLICANT _____ DATE _____

TOTAL FEES:	\$
APPROVED BY:	DATE
PERMIT ISSUANCE DATE	

540 West Hills Circle
 OWATONNA, MN 55060-4793
 Ph. (507) 444-4370
 FAX (507) 444-4351

OWNER
JOB ADDRESS