



126 N Marshall Ave
Litchfield, MN 55355
(320) 693-7201

BUILDING PERMIT

SITE ADDRESS: _____

- 1) Was the home constructed before 1978? (YES , continue with line 2, NO continue without completing EPA Section)
- 2) Will the work disturb ≥6 sq ft of interior painted surfaces or ≥20 sq ft of exterior painted surfaces? (YES go to line 4, NO line 3)
- 3) Are there any windows being replaced? (YES , go to line 4, NO continue without completing EPA Section)
- 4) Has this home been Certified Lead Free? (YES , you MUST Attach Certification Information, NO complete line 5)
- 5) EPA Contractor Certification Number: **NAT** -

PROPERTY OWNER: _____ **Address:** _____

City: _____ State: _____ Zip: _____ Email: _____

Contact Name: _____ Phone: _____

CONTRACTOR: _____ **Address:** _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Contractor License No: _____ **Contact Name:** _____ **Phone:** _____

Email: _____

ARCHITECT: _____ **Address:** _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Email: _____ Contact Name: _____ Phone: _____

TYPE OF WORK:		<input type="checkbox"/> New Construction	<input type="checkbox"/> Deck	<input type="checkbox"/> Re-Roof
<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential	<input type="checkbox"/> Change of Use	<input type="checkbox"/> Pool	<input type="checkbox"/> Re-Side
EST. VALUATION OF WORK		<input type="checkbox"/> Finish Basement	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Fence _____
\$ _____		<input type="checkbox"/> Remodel	<input type="checkbox"/> Porch	<input type="checkbox"/> Shed _____
Square feet: _____		<input type="checkbox"/> Addition	<input type="checkbox"/> Demolition	<input type="checkbox"/> Window/Door Replacement
		<input type="checkbox"/> Garage-Attached/Detach	<input type="checkbox"/> Misc Other	# being replaced _____

Detailed Description of Work:

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required and authorizes the Zoning Administrator or designee and the Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice. I hereby acknowledge that I have read this application and state that all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with approved plans, specifications and conditions and to abide by all ordinances of the Municipality and the laws of the State of Minnesota regarding actions taken pursuant to this permit. **I agree to pay all plan review fees even if I choose not to proceed with the work.** Permit expires when work is not commenced within 180 days from date of permit, or if work is suspended, abandoned, or not inspected for 180 days. Work beyond the scope of this permit, or work without a permit or inspection, will be subject to a penalty.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

PRINTED NAME: _____ **This is the signature of:** Owner or Owner's Representative

OCCUP. TYPE: _____ CONST. TYPE: _____ CODE: _____ BLDG SPRINKLED Yes / No

VALUATION: \$ _____

City Approval By: _____ **Date:** _____

Permit Fee: \$ _____ **Sewer Hook-Up:** \$ _____

Plan Review Fee: \$ _____ **Water Hook-Up:** \$ _____

State Surcharge: \$ _____ **Other:** \$ _____

SUB-TOTAL: \$ _____ **TOTAL DUE:** \$ _____

Paid: _____

Date: _____

Receipt Number: _____

Special Conditions of Permit:

TO BE FILLED OUT BY APPLICANT - INCOMPLETE APPS MAY NOT BE PROCESSED

OFFICE USE ONLY