

CITY OF GREEN ISLE
PO Box 275 - 310 McGrann South
 Green Isle, MN 55338
 Phone (507) 326-3901 Fax (507) 326-3192
BUILDING PERMIT

Building Inspector: 101 Development
Phone 320-226-5189

BUILDING PERMIT
B _____
 Routed to 101 Development

DATE _____

SITE ADDRESS _____ **PID** _____

OWNER Name / Address / City / State / Zip _____ Daytime Telephone _____

BUILDER Name / Address / City / State / Zip _____ Contractors License No. _____

CONTACT NAME - PHONE - EMAIL - FAX

ARCHITECT Name / Address / City / State / Zip _____ Daytime Telephone _____

TYPE OF WORK <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	<input type="checkbox"/> New Construction	<input type="checkbox"/> Deck	<input type="checkbox"/> Re-Roof
	<input type="checkbox"/> Addition	<input type="checkbox"/> Fence Height: _____	<input type="checkbox"/> Re-Side
EST. VALUATION OF WORK \$ _____ <i>square feet:</i> _____	<input type="checkbox"/> Remodel	<input type="checkbox"/> Pool	<input type="checkbox"/> Ret. Wall Height: _____
	<input type="checkbox"/> Finish Basement	<input type="checkbox"/> Stucco / Stucco Demo	<input type="checkbox"/> Window Replacement
	<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Garage / Shed	<input type="checkbox"/> Other: _____

Detailed Description of Work to be Performed:

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required and authorizes the City Zoning Administrator or designee and the City 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 City 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: _____

Signature of (please check one) : Owner Building Contractor, Architect, Other _____

----- OFFICE USE ONLY BELOW THIS LINE -----

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

VALUATION OF PERMIT: \$ _____

Permit Fee: \$ _____ Plan Review Fee: \$ _____ State Surcharge: \$ _____ Site Inspection Fee: \$ _____ S.E.C. Fee: \$ _____ Penalty / Other Fee: \$ _____ Copy Charge (\$.25 per 8.5 x11 page) \$ _____ SUB-TOTAL \$ _____ Plumbing Fee \$ _____ Mechanical Fee \$ _____	CITY FEES Storm Water Connection: \$ _____ SAC Charge: \$ _____ Sewer Permit \$ _____ Sewer Hook-Up: \$ _____ Water Hook-Up: \$ _____ Water Meter: \$ _____ Sewer Trunk: \$ _____ Water Trunk: \$ _____ Water Permit: \$ _____ Storm Water Trunk: \$ _____ TOTAL DUE: \$ _____
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SPECIAL CONDITIONS OF PERMIT:

BUILDING APPROVAL BY: _____ **DATE:** _____ **TIME:** _____

Printed Name of Building Approval By: _____

CITY APPROVAL BY: _____ **DATE:** _____

Paid _____ Date: _____ Receipt No. _____ By: _____ Route to City _____