

APPLICATION FOR ZONING/BUILDING PERMIT
CITY OF RUSHFORD, MINNESOTA

Date Received: _____

PRINT all information on this application.

PERMIT NUMBER: _____

1. Name: _____ 2. Phone Day: (____) ____ - ____ Night: (____) ____ - ____
 3. Address: _____ City: _____ State: _____ Zip: _____
 E-mail address: _____

4. Location of Property:
 Site Address/House No. : _____
 Legal Description of Property: _____

5. Size of Lot or Parcel: _____ 6. Current Zoning: _____ **Est. Cost of Project: \$** _____

7. Type of Construction: (✓ Check all that apply.)
 New Home: _____ Addition: _____ Remodel: _____ Demolition: _____ Move: _____
 Deck: _____ Garage: _____ Windows: _____ Single Family: _____ Multi-Family: _____
 MFG Home: _____ Finish Basement: _____ 3 Season Porch: _____ Commercial: _____ Industrial: _____
Flat Fee Projects: Re-shingle: _____ Re-side _____ Fireplaces: _____ Water Heater: _____ Furnace/AC: _____
 Other (Describe): _____

8. New Structure Size: _____ New Square Footage: _____

9. General Contractor: _____ Phone: _____ License # _____
 Plumbing Contractor: _____ Phone: _____ License# _____
 Mechanical Contractor: _____ Phone: _____ License # _____

10. Anticipated Starting Date: ____/____/____ Estimated Completion Date: ____/____/____

11. A sketch drawn to scale **must** be attached showing; **A.** Lot lines and corner pins; **B.** Dimensions of existing buildings and proposed new construction; **C.** Distances from lot lines to buildings. **D.** All Easements (Utility and drainage) **E.** Utility lines entering the property. **Corner** pins must be established and marked by the owner. **Two copies** of construction plans must also be submitted.

12. Property Line Setbacks: Front Setback: _____ ft. Rear Setback: _____ ft.
 Looking at the Property from the street: Left Sideline: _____ ft. Right Sideline: _____ ft.

13. New Utilities Required: Water: _____ Sewer: _____ Electric: _____ None: _____
 Work in Right of Way? _____ (Attach completed Water, Sewer, and Electric Application Forms)

Note: A separate State of Minnesota Electrical Permit is required for electrical work.

I hereby declare that I am the owner, or authorized agent of the owner, of the above described property and I agree to construct the building or use herein described in accordance with the regulations and ordinances that govern said improvement within the City of Rushford and that the foregoing information contained on this application is a true and correct statement of my intentions. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. **I understand that any utility that must be moved as a result of additions or alterations to the property will be at my expense and I will be responsible for the cost of the plan check of this application even though I do not continue the project. I have also read and understand the instructions and information listed on the reverse side of this form.**

14. Signed by Applicant: _____ Date: ____/____/____

***** (The following to be completed by the City) *****

Zoning Permit Approved By: _____	Date: ____/____/____	Zoning Permit Fee: \$ _____
Zoning Permit Denied for _____	Date: ____/____/____	Variance Fee: _____
Request for Variance Filed: _____	Date: ____/____/____	Electric Connect Fee: _____
Variance Hearing by Board of Zoning Appeals: _____	Date: ____/____/____	Sewer Connect Fee: _____
City Council Action: _____	Date: ____/____/____	Water Connect Fee: _____
		Erosion Control Fee: _____
Valuations: \$ _____		SUBTOTAL CITY FEES: \$ _____

City Clerk: _____ Date: ____/____/____

Building Permit : _____ Plan Review: _____ Surcharge: _____
 Plumbing Permit: _____ Plan Review: _____ Surcharge: _____
 Mechanical Pmt: _____ Plan Review: _____ Surcharge: _____

Sub Totals: _____ **SUBTOTAL BLDG FEES: \$** _____

Building Permit Approved By: _____ Date: ____/____/____ **TOTAL FEES DUE: \$** _____

Permit No. _____

Reactivation Date and Fee if Applicable _____