

# BUILDING PERMIT/APPLICATION

CITY OF ELGIN ~ 170 E MAIN ST

507- 876-2291

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Permit # \_\_\_\_\_

## -----APPLICANT COMPLETE INFORMATION BELOW-----

Project Address: \_\_\_\_\_ or PID # \_\_\_\_\_

Legal Description: \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

General Contractor: \_\_\_\_\_ License # : \_\_\_\_\_ Phone: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_ License # : \_\_\_\_\_ Phone: \_\_\_\_\_

Mechanical Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Proposed Use [Check One]: Dwelling \_\_\_ Private Garage \_\_\_ Deck \_\_\_ Home Addition \_\_\_

Pole Building \_\_\_ Finish Basement \_\_\_ Three Season Porch \_\_\_ Business/Commercial \_\_\_

Fireplace \_\_\_ Reroof \_\_\_ Siding \_\_\_ Furnace \_\_\_ Water Heater \_\_\_ Other \_\_\_\_\_

Description of Project: \_\_\_\_\_

\_\_\_\_\_ Dimensions: \_\_\_\_\_

Use and occupancy: \_\_\_\_\_ Type of Construction: \_\_\_\_\_

Estimated Value: \_\_\_\_\_ Lot Size/Dimensions: \_\_\_\_\_

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. 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. REFUND POLICY: Upon request of cancellation of building permits, refunds will be based on expenses for office time, inspections, and zoning fees that were completed prior to the cancellation notice.

Name [please print]: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## -----CITY USE ONLY-----

PLANNING: Zoning District: \_\_\_\_\_ Minimum Setbacks Required: Front \_\_\_\_\_

Side \_\_\_\_\_ Rear \_\_\_\_\_ Road Right of Way \_\_\_\_\_ Other: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Subject to the following conditions: \_\_\_\_\_

BUILDING: Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

## -----FEES-----

Building Permit: \_\_\_\_\_ Plan Review: \_\_\_\_\_ State Surcharge: \_\_\_\_\_

Plumbing Permit: \_\_\_\_\_ Plan Review: \_\_\_\_\_ State Surcharge: \_\_\_\_\_

Mechanical Permit: \_\_\_\_\_ Plan Review: \_\_\_\_\_ State Surcharge: \_\_\_\_\_

Other: \_\_\_\_\_

Sub Totals: \_\_\_\_\_

TOTAL DUE: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Issued By: \_\_\_\_\_ Receipt # \_\_\_\_\_