

# CONSTRUCTION PERMIT APPLICATION

## CITY OF COLD SPRING

27 Red River Ave S - Cold Spring, MN 56320  
Phone: (320) 685-3653 Fax: (320) 685-8551

Permit # \_\_\_\_\_  
Issued Date: \_\_\_\_\_

Owner: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Legal Description: Lot: \_\_\_\_\_ Block: \_\_\_\_\_  
Plat: \_\_\_\_\_  
Tax Parcel # : \_\_\_\_\_  
Description of Project: \_\_\_\_\_

Est. Value of Project: \$ \_\_\_\_\_ Est. Completion Date: \_\_\_\_\_

### Size of Structure:

Height (to peak): \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_

Area of House (main floor only): \_\_\_\_\_ sq. ft.

Area of Garage: \_\_\_\_\_ sq. ft. Curb Cut: \_\_\_\_\_ ft.

### Lot Size:

Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Side 1: \_\_\_\_\_ Side 2: \_\_\_\_\_

### New Construction Setbacks (to wall of building):

Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Side 1: \_\_\_\_\_ Side 2: \_\_\_\_\_

Width of Eave (for accessory structures only): \_\_\_\_\_ ft.

Builder: \_\_\_\_\_ License # \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Pre-1978 Structure? \_\_\_\_\_ Contractor Lead Cert. # \_\_\_\_\_

Homeowner Completing the Work? \_\_\_\_\_

~Plumber: \_\_\_\_\_

~HVAC: \_\_\_\_\_

~Water/Sewer Installer: \_\_\_\_\_

~Architect: \_\_\_\_\_

This permit becomes null and void if work on construction is not commenced within 180 days, or 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.

Permit Fee \_\_\_\_\_  
Plan Check Fee \_\_\_\_\_  
Penalty Fee \_\_\_\_\_  
Plumbing Fee \_\_\_\_\_  
Mechanical Fee \_\_\_\_\_  
State Surcharge \_\_\_\_\_  
Water Hookup \_\_\_\_\_  
Sewer Hookup \_\_\_\_\_  
Erosion Deposit \_\_\_\_\_  
Water Meter \_\_\_\_\_  
Other \_\_\_\_\_

**Total Fees** \_\_\_\_\_

**Fee Pd. Check #** \_\_\_\_\_

**Date Paid:** \_\_\_\_\_

### Code Analysis:

Type of Construction \_\_\_\_\_

Use of Building \_\_\_\_\_

Occupancy Group \_\_\_\_\_

Occupant Load \_\_\_\_\_

**Zoning District:** \_\_\_\_\_

**Variance Granted Date:** \_\_\_\_\_

**SUP Granted Date:** \_\_\_\_\_

### Off Street Parking:

Spaces Req. \_\_\_\_\_

Spaces on Plan \_\_\_\_\_

### Materials Filed With Application:

Plans & Specs: \_\_\_\_\_ Sets

Survey: \_\_\_\_\_ Copies

Energy Calculations: \_\_\_\_\_

### Fire Sprinklers Required:

\_\_\_\_ Yes \_\_\_\_ No

### Notes:

\_\_\_\_\_  
Applicant Date

### Approved By:

\_\_\_\_\_  
Building Inspector Date

\_\_\_\_\_  
City Administrator Date

Inspections must be called in at least 24 hours in advance to:

Inspection Services of Central Minnesota, Inc: Phone: (320) 532-3629  
For Inspections call: (320) 532-3629