

# Application for Goodhue County Building Permit

Goodhue County Land Use Management • 509 West Fifth Street • Red Wing • Minnesota • 55066 • Telephone: 651/385-3114 • Fax: 651/385-3106

## Applicant Information

Contractor License Number: \_\_\_\_\_ or Home Owner Waiver: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## Property Owner Information

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## Project Information

Site Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Use of the Structure: \_\_\_\_\_ City or Township: \_\_\_\_\_

Type of Permit (Circle One): Residential / Non-Residential If not residential, specify: \_\_\_\_\_

Type of Work (Circle One): New / Addition / Repair or Remodel / Other: \_\_\_\_\_ Project Valuation: \_\_\_\_\_

Size/Dimensions of Parcel: \_\_\_\_\_ Size/Dimensions of Structure: \_\_\_\_\_

Description of Proposed Project or Work to be Done: \_\_\_\_\_

## Professionals Involved

General Contractor: \_\_\_\_\_ License Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

Plumbing: \_\_\_\_\_ License Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mechanical Contractor: \_\_\_\_\_ License Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

Electrical: \_\_\_\_\_ License Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

Design Professional: \_\_\_\_\_ License Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

Other: \_\_\_\_\_ License Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Applicant Statement and Acknowledgements

Building Permits shall become null and void if the authorized work is not commenced within 180 days from the date of permit approval, or if the building or the authorized work is suspended or abandoned for 180 days at any time after the work has commenced. (UBC 106.4.4)

I, the applicant, certify that information on this application is true, complete, and correct. If a permit is issued, all work done and all materials used shall be in conformance with the approved plans and specifications and in compliance with the requirements of the Minnesota State Building Code and other applicable statutes and ordinances that regulate building construction or use.

Applicant/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* ITEMS BELOW ARE FOR COUNTY BUILDING OFFICIAL USE \*\*\*\*\*

## Submittals and Approvals Received by County Building Official / Date Application Received: \_\_\_\_\_

\_\_\_\_\_ Environmental Health Approval      \_\_\_\_\_ Site Plan      \_\_\_\_\_ Energy Calculations      \_\_\_\_\_ Completed Application  
\_\_\_\_\_ Zoning Approval      \_\_\_\_\_ Construction Plans      \_\_\_\_\_ Applicable Waivers      \_\_\_\_\_ Other

Comments/Conditions: \_\_\_\_\_

Building Official Approval: \_\_\_\_\_ Date: \_\_\_\_\_

## Fees

General Permit Fee: \$ \_\_\_\_\_ Valuation for Fees: \$ \_\_\_\_\_

Plan Check Fee: \$ \_\_\_\_\_ Occupancy Class: \_\_\_\_\_

State Surcharge: \$ \_\_\_\_\_ Construction Type: \_\_\_\_\_

Other Fee: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Total Fee: \$ \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Issue Date: \_\_\_\_\_