

City of JANESVILLE, MN

Building Permit Application

DATE RECEIVED	RECEIVED BY	PERMIT #
---------------	-------------	----------

Applicant Complete Information Below

PROJECT ADDRESS		PID#	
PROPERTY OWNER	PHONE #		
ADDRESS	CITY	STATE	ZIP CODE
		EMAIL ADDRESS	
GENERAL CONTRACTOR	LICENSE #	PHONE #	EMAIL ADDRESS
PLUMBING CONTRACTOR	LICENSE #	PHONE #	EMAIL ADDRESS
MECHANICAL CONTRACTOR	BOND #	PHONE #	EMAIL ADDRESS

Proposed Use
[check one]:

<input type="checkbox"/> Dwelling	<input type="checkbox"/> Private Garage	<input type="checkbox"/> Home Addition	<input type="checkbox"/> Deck	<input type="checkbox"/> Pole Building
<input type="checkbox"/> Finish Basement	<input type="checkbox"/> Three Season Porch	<input type="checkbox"/> Furnace	<input type="checkbox"/> Business/Commercial	
<input type="checkbox"/> Fireplace	<input type="checkbox"/> Siding	<input type="checkbox"/> Water Heater	<input type="checkbox"/> 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. 24 hour advance notice on all inspections.

NAME [please print]	ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DATE	PHONE #		

APPLICANT UNDERSTANDS THAT HE/SHE WILL BE RESPONSIBLE FOR PAYMENT OF PLAN REVIEW FEE IF HE/SHE CANCELS PERMIT
For Inspections call: 1-877-333-5620 Twenty-four-hour notice required.

City Use Only

PLANNING:

ZONING DISTRICT	MINIMUM SETBACKS REQUIRED	Front _____	Side _____	Rear _____
		Road Right of Way _____	Other: _____	

REVIEWED BY	DATE
-------------	------

SUBJECT TO THE FOLLOWING CONDITIONS:

BUILDING:

REVIEWED BY	DATE
-------------	------

SUBJECT TO THE FOLLOWING CONDITIONS:

Fees

Building Permit _____	Plan Review _____	State Surcharge _____
Plumbing Permit _____	Plan Review _____	State Surcharge _____
Mechanical Permit _____	Plan Review _____	State Surcharge _____
Other _____		

Connection Fees: Water _____ Sewer _____ Electric _____ Temp. Electric _____
Storm Water _____

TOTAL DUE: _____

Date Issued: _____ Issued By: _____ Receipt # _____