

CASTLE ROCK TOWNSHIP 2537 240th Street West Farmington, MN 55024 Phone: 651.460.2221	BUILDING PERMIT B _____ Routed to MNSPECT
--	---

DATE _____

SITE ADDRESS _____ **PID** _____

OWNER	Name _____	Address / City/ State / Zip _____	Daytime Telephone _____
--------------	------------	-----------------------------------	-------------------------

BUILDER	Name _____	Address / City/ State / Zip _____	Contractor's License No. _____
----------------	------------	-----------------------------------	--------------------------------

CONTACT NAME	Daytime Fax _____	Daytime Telephone _____
---------------------	-------------------	-------------------------

ARCHITECT	Name _____	Address / City/ State / Zip _____	Daytime Telephone _____
------------------	------------	-----------------------------------	-------------------------

TYPE OF WORK: <input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial <input type="checkbox"/> Residential EST. VALUATION OF WORK \$ _____ <i>Square Feet:</i> _____	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Finish Basement <input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Deck <input type="checkbox"/> Fence Height: _____ <input type="checkbox"/> Pool <input type="checkbox"/> Stucco / Stucco Demo <input type="checkbox"/> Garage / Shed	<input type="checkbox"/> Re-Roof <input type="checkbox"/> Re-Side <input type="checkbox"/> Ret. Wall Height: _____ <input type="checkbox"/> Window Replacement <input type="checkbox"/> Other: _____
--	--	---	--

Detailed Description of Work to be Performed:

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required and authorizes the Township Zoning Administrator or designee and the Township Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice. I hereby acknowledge that I have read this application and state that all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with approved plans, specifications and conditions and to abide by all ordinances of the Township and the laws of the State of Minnesota regarding actions taken pursuant to this permit. I agree to pay all plan review fees even if I choose not to proceed with the work. Permit expires when work is not commenced within 180 days from date of permit, or if work is suspended, abandoned, or not inspected for 180 days. Work beyond the scope of this permit, or work without a permit or inspection will be subject to a penalty.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

PRINTED NAME: _____

Signature of (please check one) : Owner, Building Contractor, Architect, Other _____

OFFICE USE ONLY BELOW THIS LINE

OCCUP. TYPE: _____ **CONST. TYPE:** _____ **CODE:** _____ **BLDG SPRINKLED Yes / No** _____

VALUATION OF PERMIT: \$ _____

Permit Fee: \$ _____ Plan Review Fee: \$ _____ State Surcharge: \$ _____ Site Inspection Fee: \$ _____ S.E.C. Fee: \$ _____ Penalty / Other Fee: \$ _____ Copy Charge (\$.25 per 8.5 x11 page) \$ _____ SUB-TOTAL: \$ _____ Plumbing Fee: \$ _____ Mechanical Fee: \$ _____	TOWNSHIP FEES Filing Fee: \$ _____ Agricultural Fee: \$ _____ Penalty Fee: \$ _____ Driveway Fee: \$ _____ Less Downpayment: - \$ _____ SUB-TOTAL: \$ _____ \$ _____ \$ _____ TOTAL DUE: \$ _____
---	---

SPECIAL CONDITIONS OF PERMIT:

BUILDING APPROVAL BY: _____ **DATE:** _____ **TIME:** _____

Printed Name of Building Approval By: _____

TOWNSHIP APPROVAL BY: _____ **DATE:** _____

Paid _____ Date: _____ Receipt No. _____ By: _____