

BUILDING PERMIT APPLICATION FOR CASTLE ROCK TOWNSHIP

Inspectron Inc.
15120 Chippendale Ave. Suite 202
Rosemount MN 55068

Main Office: (651) 322-6626
Fax Number: (651) 322-7580
Toll Free Number: 1-800-322-6153

Permit # _____

Project Address	Street	City	State/Zip	Property Identification Number
Applicant Name		Street Address		Applicant Phone Number
City	State	Zip		Applicant Email
Owner Name	Street	City	State /Zip	Phone
Contractor's Name		Street	City	State Zip
Contractor's State License Number (required)		Expiration Date	Phone	
Brief Project Description				Completed Value (includes labor and materials)

PROJECT INFORMATION

<u>Permit Type</u>	<u>Project Proposed Use</u>	<u>Type of Construction</u>	<u>Zoning District</u>	
<input type="checkbox"/> Building <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Ag zoning	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Agricultural <input type="checkbox"/> Industrial <input type="checkbox"/> Multi Family (+5) <input type="checkbox"/> Townhouse <input type="checkbox"/> Public	<input type="checkbox"/> Accessory Building <input type="checkbox"/> Addition <input type="checkbox"/> Interior Remodel <input type="checkbox"/> Deck/Porch <input type="checkbox"/> New Construction <input type="checkbox"/> Foundation Only <input type="checkbox"/> Roofing <input type="checkbox"/> Furnace <input type="checkbox"/> Window Replacement <input type="checkbox"/> Siding	<input type="checkbox"/> Repair <input type="checkbox"/> Sprinkler Installation <input type="checkbox"/> Sprinkler Maint/Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Relocation <input type="checkbox"/> Fireplace <input type="checkbox"/> Fence/ Wall <input type="checkbox"/> In Ground Pool <input type="checkbox"/> Above Ground Pool	<input type="checkbox"/> AGP - Agricultural <input type="checkbox"/> RR-I – Rural Residential <input type="checkbox"/> RR-II – Rural Residential – Platted <input type="checkbox"/> CI – Commercial/Industrial <input type="checkbox"/> SO - Shoreland Overlay <input type="checkbox"/> FO - Flood Plain Overlay <input type="checkbox"/> Conservancy Overlay

Notice: Separate permits are required for plumbing, heating, fireplace installation, electrical work and installation of the septic system. The permit shall become null and void unless the work or construction authorized by the permit is not commenced within 180 days after its issuance, or if the work authorized by the permit is suspended or abandoned for a period of 180 days after the time the work is 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 provision of any other State or Local law regulating construction or the performance of construction. On-site Building Inspector reserves the right to review requirement for soil erosion and sediment control that may be required during construction. This building permit may be suspended or revoked if the permit has been issued in error or on the basis of incorrect information supplied or in violation of any ordinance or regulation of Castle Rock Township. All permit fees and other costs to review the application that are incurred by the Township for professional consultants, will be paid prior to issuance of the Building Permit. Interest will not be paid out on escrow dollars and any interest earned on the account will go into the general account for administration fees.

Signature of Applicant (Owner or Contractor) _____

Date _____

Make check payable to Castle Rock Township

2537 240th Street W
Farmington, MN 55024
651-460-2221

Building Permit Approval

By: _____ Date _____

Building Official

Office Use Only:

Date Received by Township: _____ Township Approval By: _____

Date Routed to Inspectron: _____ Date Permit Received from Inspectron: _____

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