

# Eureka Township



# Building Permit Application

Note: Completed application must be submitted to the Eureka Town Clerk by noon on the Thursday 10 days prior to the Planning Commission meeting.

<i>OFFICE USE ONLY</i>
<b>Permit No.</b>

Site Address	Property ID No. (PIN)
Contact Person	Daytime Phone

### PROPERTY OWNER

Name	Daytime Phone		
Address	City	State	Zip

### CONTRACTOR

Name	License No.		
Address	City	State	Zip
Contact Person	Office Phone	Cell Phone:	Fax:
E-Mail Address:			

### TYPE OF WORK (CHECK ONE ONLY)

<input type="checkbox"/> New construction	<input type="checkbox"/> Alteration/remodel	<input type="checkbox"/> Convert/change use	<input type="checkbox"/> Permit renewal
<input type="checkbox"/> Addition/expansion	<input type="checkbox"/> Repair/replacement	<input type="checkbox"/> Moving a building	<input type="checkbox"/> Other _____

### TYPE OF STRUCTURE(S) (CHECK ALL THAT APPLY—IF STRUCTURES ARE ON SEPARATE PARCELS, USE A SEPARATE FORM)

<input type="checkbox"/> <b>New Single-family residential</b> total sq. ft. _____ (Circle One) rambler two-story split-entry multi-level Basement? Y / N Finished? Y / N	<input type="checkbox"/> <b>Residential garage</b> sq. ft. _____ wall ht. _____ (Circle One) attached or unattached
<input type="checkbox"/> <b>Addition</b> sq. ft. _____	<input type="checkbox"/> <b>Aircraft Hangar</b> sq. ft. _____ wall ht. _____
<input type="checkbox"/> <b>Manufactured home</b> sq. ft. _____	<input type="checkbox"/> <b>Private Dog Kennel</b> sq. ft. _____
<input type="checkbox"/> <b>Farm building</b> sq. ft. _____ wall ht. _____	<input type="checkbox"/> <b>Church or religious building</b> sq. ft. _____
<input type="checkbox"/> <b>Accessory bldg</b> sq. ft. _____ wall ht. _____	<input type="checkbox"/> <b>Government building or facility</b> sq. ft. _____
<input type="checkbox"/> <b>Private stable</b> sq. ft. _____ wall ht. _____	<input type="checkbox"/> <b>Public Utility structure</b> sq. ft. _____
<input type="checkbox"/> <b>Deck</b> sq. ft. _____	<input type="checkbox"/> <b>Communications tower</b> height _____
<input type="checkbox"/> <b>Pool</b> depth _____ gallons _____ fence ht. _____	<input type="checkbox"/> <b>Wind Turbine</b> height _____
<input type="checkbox"/> <b>Driveway, approach, or parking lot</b> material _____ sq. ft. _____ culvert size _____ nearest driveway on same side of road: _____ ft nearest intersection: _____ ft.	<input type="checkbox"/> <b>Sign</b> sq. ft. _____ height _____
	<input type="checkbox"/> <b>Septic System</b>
	<input type="checkbox"/> <b>Fences</b> (6 ft or more in height)
	<input type="checkbox"/> <b>OTHER:</b> _____

### PROJECT DETAILS

Start date	Estimated completion date	Estimated value (excluding land)
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Foundation sq ft \_\_\_\_\_ + Accessory bldg sq ft \_\_\_\_\_ + Driveway sq ft \_\_\_\_\_ = Total project sq ft \_\_\_\_\_

Specific description of project or work to be completed (number and attach additional sheets if necessary)

I hereby certify that the information provided in this application is true, correct, and complete. I also acknowledge that the work described herein will be in conformance with the ordinances of the Township of Eureka and with the Minnesota Building Codes; that I understand this is not a permit but only an application for a permit; that I understand work is not to start until all required permits have been obtained; that the work will be in accordance with the approved plans in the case of all work that requires review and approval of plans; and that no changes to the approved plans, specifications, or purpose of this application shall be made without prior approval.

Signature of this application by the legal property owner is required and authorizes the Township Zoning Administrator or designee and the Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice.

**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 PROPERTY OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

**Do Not Write Below This Line**

**Date rcvd:** \_\_\_\_\_ **Rcvd by:** \_\_\_\_\_ **60-Day Extension until:** \_\_\_\_\_

Is there an existing conditional use permit (CUP) or interim use on this property?  Yes  No

Has a nonconforming registration form been filed for this property?  Yes  No

**PERMITS REQUIRED/INSPECTIONS REQUIRED (CHECK ALL THAT APPLY)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>Building</b> completed: | <input type="checkbox"/> <b>Fire Place</b> completed: | <input type="checkbox"/> <b>Driveway/ approach</b> completed: |
| <input type="checkbox"/> <b>Plumbing</b> completed: | <input type="checkbox"/> <b>Septic</b> completed:     | <input type="checkbox"/> _____ completed:                     |
| <input type="checkbox"/> <b>HVAC</b> completed:     | <input type="checkbox"/> <b>Setbacks</b> completed:   | <input type="checkbox"/> _____ completed:                     |

**APPROVALS AND PERMITS REQUIRED (CHECK ALL THAT APPLY)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>Lot Split</b> completed: | <input type="checkbox"/> <b>Bldg Cluster</b> completed: | <input type="checkbox"/> <b>Shoreland Letter</b> completed: |
| <input type="checkbox"/> <b>Variance</b> completed:  | <input type="checkbox"/> <b>Ag Exempt</b> completed:    | <input type="checkbox"/> <b>Shoreland Permit</b> completed: |
| <input type="checkbox"/> <b>CUP</b> completed:       | <input type="checkbox"/> <b>Interim Use</b> completed:  | <input type="checkbox"/> <b>NCRWMO or VRWJPO</b> completed: |

**Zoning Administrator** \_\_\_\_\_ **Town Board** \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Incomplete Date notification sent _____ | <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ |
| <input type="checkbox"/> Complete Date complete _____            |  |

**Planning Commission** \_\_\_\_\_

- Incomplete Date notification sent \_\_\_\_\_

Recommendation to Town Board

- Approve  Deny Date \_\_\_\_\_

**Pool & Decks**

**Zoning Administrator** \_\_\_\_\_

**PC Chair/Vice Chair** Initials \_\_\_\_\_ Date \_\_\_\_\_

Approved  Denied Date \_\_\_\_\_

**FEES & APPROVAL SIGNATURES**

Application fee \$ \_\_\_\_\_ Date Paid \_\_\_\_\_

Receipt No. \_\_\_\_\_ Check No. \_\_\_\_\_

**Calculated Valuation**

- |                   |                 |
|-------------------|-----------------|
| Permit Fee        | \$ _____        |
| Plan Review Fee   | \$ _____        |
| State Surcharge   | \$ _____        |
| Site Inspection   | \$ _____        |
| Penalty/Other Fee | \$ _____        |
| Copy Charge       | \$ _____        |
| <b>TOTAL FEES</b> | <b>\$ _____</b> |

Special Conditions of Permit: \_\_\_\_\_

Occupancy Type: \_\_\_\_\_ Construction Type: \_\_\_\_\_

Code Used: \_\_\_\_\_ Building Sprinkled: Yes / No

Bldg. Official Approval: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name : \_\_\_\_\_

Date Paid: \_\_\_\_\_ Receipt No. \_\_\_\_\_

By: \_\_\_\_\_ Check No. \_\_\_\_\_