

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.

OFFICE USE ONLY

Permit No. _____

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

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 ALL THAT APPLY)

- New construction
- Alteration/remodel
- Convert/change use
- Permit renewal
- Addition/expansion
- Repair/replacement
- Moving a building
- Other _____

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

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

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 _____

Total sq ft of primary structure: _____ Total sq ft of accessory structures: _____

The maximum area of all accessory buildings shall not total more than 5,000 square feet on 2-5.999 acres and not more than 10,000 square feet on 6-10.999 acres – Ordinance 3, Chapter 4, Section 7C

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 or property owner's representative 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.

The property owner agrees to pay all plan review fees even if he/ she chooses 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 OWNER/ OWNER'S REPRESENTATIVE: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

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

APPROVALS AND PERMITS REQUIRED (CHECK ALL THAT APPLY)

- | | | |
|--|---|---|
| <input type="checkbox"/> Lot Split completed: | <input type="checkbox"/> Bldg Cluster completed: | <input type="checkbox"/> Shoreland Letter completed: |
| <input type="checkbox"/> Variance completed: | <input type="checkbox"/> Ag Exempt completed: | <input type="checkbox"/> Shoreland Permit completed: |
| <input type="checkbox"/> CUP completed: | <input type="checkbox"/> Interim Use completed: | <input type="checkbox"/> NCRW or VRW 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 and Rebuilds in Case of a Fire

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 | \$ _____ |
| TOTAL FEES | \$ _____ |

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. _____