

Eureka Township
Zoning, Building, Conditional Use and Variance
Application Supplemental Information
eurekatownship-mn.us

Permit Information Check List:

The Information for all Zoning, Building, Conditional Use, and Variance applications generally consist of the following items. All items may not pertain to your specific project.

A. Site boundaries, buildings, structures and other improvements shall be identified on site certificate of survey (can attain from Dakota County).

- _____ 1. Scale of plan (engineering scale only, at one (1) inch equals fifty (50) feet or less. **(On new construction and Commercial Property only)**).
- _____ 2. North point/arrow indication.
- _____ 3. Existing boundaries with lot dimensions and area (Ordinance 3, Ch.3, Sections 1-3).
- _____ 4. Existing site improvements.
- _____ 5. All encroachments.
- _____ 6. Easements of record.
- _____ 7. Legal description of the property.
- _____ 8. Ponds, lakes, rivers or other waterways bordering on or running through the subject property (North Cannon Watershed, VRWJPO Permit Process).

B. A site plan utilizing a copy of certificate of survey as a base for the site in question, depicting the following.

- _____ 1. Watershed District.
- _____ 2. Name and address of owner.
- _____ 3. Name and address of contractor with Minnesota License Number **(needed if a contractor is doing the work)**.
- _____ 4. Date of plan.
- _____ 5. Date and description of all revisions.
- _____ 6. Name of project.
- _____ 7. All proposed improvements, including:
 - _____ a. Required and proposed setbacks (Ordinance 3, Ch. 3 Section 3).
 - _____ b. Location, setback and dimensions of all proposed buildings and structures.
 - _____ c. Location, width, and setbacks of all curb cuts and driveways (Ordinance 3, Ch. 3 Section 4).
 - _____ d. Location and type of all proposed lighting (Ordinance 3, Ch. 8, Section 11).
 - _____ e. Location and type of any proposed screening (Ordinance 3, Ch. 4, Section 1. F).

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C. Grading/storm water drainage plan.

- _____ 1. Proposed grading with elevations of two (2) maximum intervals.
- _____ 2. Drainage plan (North Cannon Water Shed, VRWJPO Permit Process).
- _____ 3. Proposed driveway (s). (Ordinance 3, Ch. 3 Section 4 and Ordinance 3, Ch.4, Section G).
- _____ 4. Erosion control measures, while under construction (North Cannon Water Shed, VRWJPO Permit Process and Ordinance 3, Ch.4, Section H). Example: Silt fence.

D. Landscaping plan (Ordinance 3, Ch.4, Section 1 F).

- _____ 1. Indicate fencing locations.
- _____ 2. Note indicating how disturbed soil areas will be restored through the use of sodding, seeding or other techniques.

New Construction Residential, Residential Additions, Commercial Construction and Zoning.

E. Other plans and information as required by Eureka Township including, but not limited to:

- _____ 1. Architectural elevations of all principal and accessory buildings. **For New Construction**
- _____ 2. "Typical "floor plan drawn to scale with a summary of square footage (Ordinance 3 Ch.4, Sections B. 3 – 4 and D.).
- _____ 3. Type, location and size (area and height) of any signs to be erected on property in question (Ordinance 3. Ch.8, Sections 1-12).
- _____ 4. Vicinity map showing the subject property in reference to nearby streets, intersections, county roads, and Ag buildings (Ordinance 3, Ch.3, Section 4, and Ordinance 3, Ch.4, Section 2A).
- _____ 5. Lighting plan, when installing outdoor lighting (Ordinance 3, Ch. 8, Section 11).
- _____ 6. Other as requested, by Eureka Township.

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

PROJECT DETAILS		
Start date	Estimated completion date	Estimated value (excluding land)

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: _____

(Non Ag accessory area can total no more than twice the area of the primary structure (Ordinance 3, Chapter 4, Section 7.C.)

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"/> NCRWMO or VRWJPO 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. _____