

EUREKA TOWNSHIP

BUILDING PERMIT APPLICATION

Eureka Township / 25043 Cedar Avenue, Farmington MN 55024
Phone: (952) 469-3736 / Email: deputyclerk@eurekatownship-mn.us

SITE INFORMATION Eureka Township		PIN#		Permit#	
Site Address:		City		Zip	
PROPERTY OWNER INFORMATION					
Name		Email		Phone	
Address		City		State	Zip
APPLICANT/CONTRACTOR INFORMATION					
Applicant Name				License Number	
Contact Person		Email			
Address		City		State	Zip
Cell Phone		Day Time Phone		Fax	
TOWNSHIP / LOCAL GOVERNMENT					
Permit complies with the Wetland Conservation Act subject to the following conditions:					
<input type="checkbox"/> Dakota County Shoreland/ Letter or Permit		<input type="checkbox"/> Vermillion River Watershed/ Letter or Permit		Date	
PLEASE INDICATE PROJECT TYPE			PROVIDE THE FOLLOWING FOR NEW HOME AND AS NEEDED		
<input type="checkbox"/> Residential or <input type="checkbox"/> Commercial/ Industrial			<input type="checkbox"/> Signature from Township on Building Permit Application		
<input type="checkbox"/> New Home Construction	<input type="checkbox"/> Private Dog Kennel	<input type="checkbox"/> Building Plans (Cross Section, Elevations, Floor Plan) – 2 copies			
<input type="checkbox"/> Deck	<input type="checkbox"/> Public Utility Structure	<input type="checkbox"/> Heat Loss, Combustion Air & Make-up Air Calculations– 2 copies			
<input type="checkbox"/> Accessory Bldg/Pole Shed	<input type="checkbox"/> Signs*	<input type="checkbox"/> Energy Certificate – 2 copies			
<input type="checkbox"/> Remodel	<input type="checkbox"/> Govt Bldg/Facility*	<input type="checkbox"/> Driveway Permit (Required for access to State, County, Twp. Roads)			
<input type="checkbox"/> Demolition	<input type="checkbox"/> Church/Religious Bldg*	<input type="checkbox"/> Survey / Detailed Site Plans – 2 copies			
<input type="checkbox"/> Swimming Pool	<input checked="" type="checkbox"/> Solar Energy*	<input type="checkbox"/> Erosion and Sediment Control Plans			
<input type="checkbox"/> Moving a Building	<input type="checkbox"/> Communication Tower*	<input type="checkbox"/> Complete Septic Design			
<input type="checkbox"/> Aircraft Hangar	* CUP also required	<input type="checkbox"/> New Home Checklist			
<input type="checkbox"/> Other:					
Estimated Cost of Labor & Materials:					
Project Description:					

Applicant hereby agrees that, upon issuance of this permit, all work shall be done and all materials used shall be in compliance with all applicable township, city and county ordinances. The applicant agrees to abide by all zoning regulations and to utilize this structure for its permitted use. Signature of this application by the legal property owner or 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 penalty.

Signature of Property Owner:	Date:
Signature of Contractor:	Date:

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Township Use Only

The property has an existing: CUP IUP Nonconforming registration

Applicant is requesting a 60-day extension until: _____

Deputy Clerk: _____ **Date:** _____

Complete **Date:** _____ Incomplete **Notification sent:** _____
Application Fee \$ _____ Paid on _____ Receipt # _____ Check # _____

Notes:

Zoning Administrator: _____ **Date:** _____

Planning Commission: _____ **Date:** _____

Recommendation to Town Board: Approve Deny

Notes:

Town Board: _____ **Date:** _____

Approved Denied

Notes:

FEES AND ESCROWS	
Permit Valuation	\$
Site Inspection	\$
Land Use Permit	\$
Septic Permit	\$
Plumbing Permit	\$
-State Surcharge	\$
Mechanical Permit	\$
-State Surcharge	\$
Building Permit	\$
-State Surcharge	\$
Plan Review	\$
Penalty / Other	\$
Total Fees	\$

Building Official Approval:

Signature Date

Occupancy Type: _____

Construction Type: _____

Code Used: _____

Building Sprinkled Yes No

Total Fees Paid on _____ Receipt # _____ Check # _____