

**APPLICATION FOR BUILDING PERMIT
CITY OF ELKO NEW MARKET
P.O. Box 99
Elko New Market, MN 55054
Office 952-461-4777
Fax 952-461-2336**

SITE ADDRESS _____ PERMIT NO. _____

Lot: _____ Block: _____ Subdivision: _____ PID: _____ Date: _____

ESTIMATED VALUE OF WORK (Include labor): _____ (omit cents)

Applicant: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Contractor: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

State License No.: _____ Estimated Completion Date: _____

Owner: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

WATER AND SEWER INFORMATION (New Construction)

Plumber: _____ Registration #: _____ Phone: (____) _____

Installer: _____ Registration #: _____ Phone: (____) _____

Size of Service: Water _____ Sewer _____ Water Meter _____

Use of building:

Provide the following:
<input type="checkbox"/> 2 copies of Certified Land Survey
<input type="checkbox"/> 2 Copies of Building Plans 2 Copies of Erosion Control Plans
<input type="checkbox"/> 1 Copy of Energy Data
<input type="checkbox"/> Category 1 – (7670) worksheet
<input type="checkbox"/> Energy Code 2000 – (7672)
<input type="checkbox"/> Letter of Credit to cover cost of the site improvement. (Commercial, Industrial and Multi-family)

Please indicate project type:	
<input type="checkbox"/> New Construction	<input type="checkbox"/> Deck
<input type="checkbox"/> Addition or Alteration	<input type="checkbox"/> Porch
<input type="checkbox"/> Replacement Windows	<input type="checkbox"/> Reroof or Reside
<input type="checkbox"/> Garage	<input type="checkbox"/> Fire Sprinklers
<input type="checkbox"/> Fireplace (Woodburning)	<input type="checkbox"/> Finish Basement
<input type="checkbox"/>	<input type="checkbox"/> Misc. _____

I hereby certify that the information contained herein is correct and agree to do the proposed work in accordance as described above and according to the provisions of the ordinances of the City of Elko New Market, and the State Building Codes. I further agree that any plans and specifications submitted herein shall become part of this permit application. I also understand this permit is valid for a period of six (6) months.

Signature of the Applicant: _____ Date: _____

Total Permit Cost: _____ Receipt No. _____ Date Paid: _____

A Certificate of Occupancy is required prior to occupancy or use of the structure. This will be issued on completion of a satisfactory final inspection approval by the Building Department. For All Inspections Call 952-461-4777.

(FOR OFFICE USE ONLY)

Application approved for issuance by:

_____ Date: ____/____/____
Plan Reviewer

_____ Date: ____/____/____
Building Official

Type of Construction: _____ Occupancy Group: _____ Use of Building: _____

Square Foot Totals

Total Square Feet _____

Comments/Special Conditions: _____

VALUATION OF WORK \$ _____

BUILDING PERMIT FEE SCHEDULE

Building Permit	\$ _____
Plan Review Fee	\$ _____
State Surcharge	\$ _____
Water Hook Up	\$ _____
Meter and Accessories	\$ _____
Sewer Hook Up	\$ _____
Inspection Fee (Sewer & Water)	\$ _____
Storm Water Drainage Utility Conn. Fee	\$ _____
Landscape Escrow	\$ _____
Builders Deposit (Erosion Control)	\$ _____
Inspection Fee (Erosion Control)	\$ _____
Engineer Survey Review	\$ _____
Investigation/Penalty Fee	\$ _____
TOTAL FEE:	\$ _____