



**INSPECTION
DEPARTMENT
952-873-5655**

Requirements Check List	
<input type="checkbox"/>	Completed Application
<input type="checkbox"/>	Survey or Site Plan – See attached sheet for requirements
<input type="checkbox"/>	Building Plans – See attached sheet for requirements

RESIDENTIAL ACCESSORY STRUCTURE PERMIT APPLICATION

DATE RECEIVED: _____ BUILDING PERMIT NUMBER: _____

SITE ADDRESS: _____

PROPERTY OWNER: NAME (IF ADDRESS, CITY, STATE, ZIP CODE IS DIFFERENT THAN SITE ADDRESS PLEASE LIST)

DAYTIME PHONE NUMBER: _____ P.I.N _____

ESTIMATED VALUE OF WORK TO BE PERFORMED REQUIRED: \$ _____

BUILDER: NAME, ADDRESS, CITY, STATE, ZIP CODE (IF PROPERTY OWNER IS BUILDER PLEASE LIST AS BUILDER)

CONTRACTORS LICENSE #: _____ PHONE NUMBER: _____

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative is required and authorizes the City of Belle Plaine Zoning Administrator or designee and the City of Belle Plaine Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice.

I hereby acknowledge that I have read this application and state that all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with approved plans, specifications and conditions, and to abide by all of the ordinances of the City and the Laws of the State of Minnesota regarding actions taken pursuant to this permit. I agree to pay all plan review fees even if I choose not to proceed with the work.

Permit expires when building and work is not commenced within 180 days from the date of Permit issued, or if building and work suspended, abandoned or not inspected for 180 days.

SIGNATURE OF APPLICANT: _____ DATE: _____

OFFICE USE ONLY

SETBACK AND BUILDING CODE INFORMATION

ACTUAL: FRONT _____ REAR _____ SIDE _____ SIDE _____

REQUIRED: FRONT _____ REAR 5' _____ SIDE 5' OR 10' _____ SIDE 5', 10' OR 20' _____

ZONING CLASS: _____ DISTANCE FROM PRIMARY STRUCTURE: _____

STRUCTURE HEIGHT: _____ TYPE OF CONSTRUCTION: _____ OCCUPANCY TYPE: _____

CODE USED: IRC IBC OTHER _____ SPRINKLED BUILDING: YES NO

PERMIT VALUATION: \$ _____

COMMENTS: _____

FEEES

***PLAN REVIEW FEE: \$ _____ REQUIRED AT THE TIME APPLICATION IS SUBMITTED**

PERMIT FEE: \$ _____ PLAN REVIEW RECEIPT NUMBER: _____

STATE SURCHARGE: \$ _____ FORM OF PAYMENT ON PLAN REVIEW: _____

OTHER FEE: \$ _____ ISSUED RECEIPT NUMBER: _____

TOTAL DUE: \$ _____ FORM OF PAYMENT ON ISSUED: _____

PLAN REVIEW AND ISSUED DATE: _____

PLAN REVIEW AND ISSUED BY: _____

APPROVAL BY BUILDING OFFICIAL: _____ DATE: _____

APPROVAL BY ZONING ADMINISTRATOR: _____ DATE: _____