



INSPECTION  
DEPARTMENT  
952-873-5655

Requirements Check List	
<input type="checkbox"/>	COMPLETED APPLICATION
<input type="checkbox"/>	SCOPE OF WORK FOR COMMERCIAL

# RESIDE PERMIT APPLICATION

DATE RECEIVED: \_\_\_\_\_

BUILDING PERMIT NUMBER: \_\_\_\_\_

RESIDENTIAL

**COMMERCIAL – PLEASE ATTACH SCOPE OF WORK**

SITE ADDRESS: \_\_\_\_\_

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

DAYTIME PHONE NUMBER: \_\_\_\_\_ OTHER PHONE NUMBER: \_\_\_\_\_

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

PROPERTY ID#: \_\_\_\_\_

ZONING CLASS: \_\_\_\_\_

TYPE OF CONSTRUCTION: \_\_\_\_\_

OCCUPANCY TYPE: \_\_\_\_\_

CODE USED: IRC IBC OTHER \_\_\_\_\_

SPRINKLED BUILDING: YES NO

PERMIT VALUATION: \$ \_\_\_\_\_

COMMENTS: \_\_\_\_\_

## FEEES

RESIDENTIAL FEE: \$ 49.50

COMMERCIAL FEE: \$ \_\_\_\_\_

STATE SURCHARGE: \$ 5.00

STATE SURCHARGE: \$ \_\_\_\_\_

OTHER FEE: \$ \_\_\_\_\_

OTHER FEE: \$ \_\_\_\_\_

TOTAL DUE: \$ 54.50

TOTAL DUE: \$ \_\_\_\_\_

FORM OF PAYMENT: \_\_\_\_\_

TRANSACTION NUMBER: \_\_\_\_\_

ISSUED DATE: \_\_\_\_\_

ISSUED BY: \_\_\_\_\_

APPROVAL BY BUILDING OFFICIAL OR DESIGNEE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVAL BY ZONING ADMINISTRATOR OR DESIGNEE: \_\_\_\_\_ DATE: \_\_\_\_\_