



City of Belle Plaine
 218 Meridian Street North
 PO Box 129
 Belle Plaine, MN 56011

Inspection Department
 Building Official, Jim Tiegs
Phone: 952-873-5553
 Fax: 952-873-5509

BUILDING PERMIT APPLICATION	Building Permit: Mechanical Permit: Plumbing Permit:
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SITE	ADDRESS:	P.I.N.:
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OWNER NAME: <small>(and Address if different than Site Address)</small>	Phone: Email:
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STRUCTURE USE: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	WORK CLASSIFICATION: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Replacement/Repair
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PERMIT TYPE: Finish Basement Re-roof Re-side Re-window Garage Pool Demolition
 Solar Shed (if over 200 sq. ft.) Change of Occupancy Other _____

<input type="checkbox"/> HOMEOWNER <input type="checkbox"/> CONTRACTOR	CONTRACTOR: Contact: Address: City, State, Zip:	License: Phone: Email:
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WORK DESCRIPTION:	Estimated Value: \$
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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. If entry is refused, the Building Official shall have recourse to the remedies by law to secure entry. Permit may be suspended or expired 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**. I agree to pay all plan review fees, even if I choose not to proceed with the work. Refunds shall be per the City of Belle Plaine Fee Schedule. A request in writing shall be submitted within 180 days of fee payment by the original applicant. **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.**

Signature of Applicant: _____ **Date:** _____

OFFICE USE ONLY

Date Received:	Permit Valuation: \$
Zoning District:	Type of Construction: <input type="checkbox"/> VB <input type="checkbox"/> Other
Structure Height:	Occupancy Type: <input type="checkbox"/> IRC-1 <input type="checkbox"/> Other
Code Used: <input type="checkbox"/> IRC <input type="checkbox"/> IBC <input type="checkbox"/> Other _____	Sprinkled Building: <input type="checkbox"/> Yes <input type="checkbox"/> No
Setbacks: <i>Proposed:</i> Front: Rear: Side: Side:	
Required: Front: 30' Rear: 5' or 30' Side: 0', 5' or 10' Side: 0', 5', 10' or 20'	

Comments:

BUILDING PERMIT FEES	TRANSACTION
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Permit Fee: \$	Date Received:
Plan Review Fee: \$	Form of Payment:
State Surcharge: \$	Issue Date:
Other: \$	Transaction Number:
Building Permit Total: \$	Issued By:

Building Official or Designee:	Date:
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Zoning Administrator or Designee:	Date:
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