

<p><b>CITY OF GLENCOE</b>  <b>1107 11th St E; Suite 107</b>  <b>Glencoe, MN 55336</b>  <b>Phone: 320-864-5586 Fax: 320-864-6405</b></p>	<p><b>BUILDING PERMIT</b>  <b>B _____</b>    Routed to MNSPECT  _____</p>
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**DATE** \_\_\_\_\_

<b>SITE ADDRESS</b> _____	<b>PID</b> _____
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<b>OWNER</b> Name / Address / City / State / Zip _____	<b>Daytime Telephone</b> _____
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<b>BUILDER</b> Name / Address / City / State / Zip _____	<b>Contractors License No.</b> _____
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**CONTACT NAME - PHONE - EMAIL - FAX** \_\_\_\_\_

<b>ARCHITECT</b> Name / Address / City / State / Zip _____	<b>Daytime Telephone</b> _____
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<b>TYPE OF WORK</b>	<input type="checkbox"/> New Construction <input type="checkbox"/> Deck <input type="checkbox"/> Re-Roof <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Addition <input type="checkbox"/> Fence Height: _____ <input type="checkbox"/> Re-Side <input type="checkbox"/> Remodel <input type="checkbox"/> Pool <input type="checkbox"/> Ret. Wall Height: _____ <input type="checkbox"/> Finish Basement <input type="checkbox"/> Stucco / Stucco Demo <input type="checkbox"/> Window Replacement <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Garage / Shed <input type="checkbox"/> Other: _____		
<b>EST. VALUATION OF WORK</b>			
\$ _____			
square feet: _____			

**Detailed Description of Work to be Performed:**  
\_\_\_\_\_  
\_\_\_\_\_

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required and authorizes the City Zoning Administrator or designee and the City 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 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 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 a penalty.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**Signature of (please check one)** :  Owner,  Building Contractor,  Architect,  Other \_\_\_\_\_

**----- OFFICE USE ONLY BELOW THIS LINE -----**

**OCCUP. TYPE:** \_\_\_\_\_ **CONST. TYPE:** \_\_\_\_\_ **CODE:** \_\_\_\_\_ **BLDG SPRINKLED** Yes / No

<b>VALUATION OF PERMIT: \$</b> _____	<b>SQ FEET</b> _____
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Permit Fee: \$ _____ Plan Review Fee: \$ _____ State Surcharge: \$ _____ Site Inspection Fee: \$ _____ S.E.C. Fee: \$ _____ Penalty / Other Fee: \$ _____ Copy Charge (\$.25 per 8.5 x11 page) \$ _____ <b>SUB-TOTAL \$</b> _____  Plumbing Fee \$ _____ Mechanical Fee \$ _____	<p style="text-align: center;"><b>CITY FEES</b></p> Park Ded.: \$ _____ Staking Fee: \$ _____ Construction Water \$ _____ Sewer Hook-Up: \$ _____ Water Hook-Up: \$ _____ Water Meter: \$ _____ Meter Tax \$ _____ Labor & Tax \$ _____ EEAC pymt to Light & Power . \$ _____ Other \$ _____  <b>TOTAL DUE: \$</b> _____
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**SPECIAL CONDITIONS OF PERMIT:** SET BACKS

	Front	Rear	Side
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**BUILDING APPROVAL BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**SURVEYOR** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CITY APPROVAL BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Paid \_\_\_\_\_ Date: \_\_\_\_\_ Receipt No. \_\_\_\_\_ By: \_\_\_\_\_