

WAKEFIELD TOWNSHIP or MUNSON TOWNSHIP BUILDING PERMIT APPLICATION NO. _____

Date Received: _____ Received By: _____ PID # _____
 Stearns County Site Permit: # _____ Septic & Drain Field Permit # _____

----- APPLICANT COMPLETE INFORMATION BELOW -----

Project Address: _____ City _____ Zip _____
 Property Owner: _____ Phone # _____
 Address: _____ City: _____ Zip: _____
 General Contractor: _____ License #: _____ Phone: _____
 Plumbing Contractor: _____ License #: _____ Phone: _____
 Mechanical Contractor: _____ Phone: _____
 Proposed Use (Check One): Dwelling _____ Private Garage _____ Deck _____ Home Addition _____
 Pole Building _____ Finish Basement _____ Three Season Porch _____ Business/Commercial _____
 Re-side _____ Re-shingle _____ New Windows _____ Fireplace _____ Furnace _____ Other _____
 Description of Project: _____

 _____ Dimensions: _____
 Use and Occupancy: _____ Type of Construction: _____
 Lot Size/Dimensions: _____

This Permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or performance of construction.

Name (please print): _____ Address: _____
 City: _____ Zip: _____ Phone #: _____
 Signature: _____ Date: _____

----- TOWNSHIP ZONING USE ONLY -----

Planning: Zoning District: _____ Minimum Setbacks Required: Front: _____ Side: _____
 Rear: _____ Road RWY: _____ Lake or River: _____ Flood Plain Elevation: _____ EC _____
 Other: _____ Reviewed by: _____ Date: _____
 Subject to the following Conditions: _____

BUILDING: Reviewed by: _____ Date: _____
 Subject to the following Conditions: _____

SEPTIC & DRAIN: Reviewed by: _____ Date: _____
 Subject to the following Conditions: _____

----- FEES -----

Estimated Value: \$ _____		
Building Permit: \$ _____	Plan Review: \$ _____	State Surcharge: \$ _____
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_____ Permit: \$ _____	Plan Review: \$ _____	State Surcharge: \$ _____
Other: \$ _____	Plan Review: \$ _____	State Surcharge: \$ _____
SUB TOTALS: \$ _____	\$ _____	\$ _____

TOTAL Due: \$ _____ **Paid By Check #** _____

Date Issued: _____ Issued By: _____