

APPLICATION FOR BUILDING OR LAND USE PERMIT

Return all forms to: City of Winthrop
P.O. Box Y
305 North Main Street
Phone: (507) 647-5306

Fax: (507) 647-3200

Office Use Only	
Building Permit No.	_____
Date Received	_____
Forwarded to Utilities	_____
Variance Required	Yes _____ No _____
Assessor Copy	_____

Building Official Contact:
Cell 1: (320) 226-5189
Email: dri101@live.cor

Fax: (651) 846-6034

Applicant must fill out all information on this form that is applicable to the project - Please Type or Print

SECTION 1- DIRECTORY INFORMATION

Project Street Address: _____ Email: _____

Approx. Start Date of Construction: _____ Approx. Completion Date of Construction: _____

Owners Name: _____ Phone: _____

Address: _____

Contractor: _____ Phone: _____

Address: _____ License No.: _____

Electrician: _____ Phone: _____

Address: _____

Plbg./Mech. Contractor: _____ Phone: _____

Address: _____

Excavation Contractor: _____ Phone: _____

Address: _____

SECTION 2- TYPE OF CONSTRUCTION

Is curb & gutter existing? Yes _____ No _____ Will it be necessary to cut/change curb opening? Yes _____ No _____ (If yes, request drawing from city building department for standard size and design.)

Are the lot corners in evidence? Yes _____ No _____ (If no, owner must have property surveyed by a Registered Land Surveyor prior to issuance of permit.)

CHECK BOX FOR TYPE OF WORK

New Construction Addition Remodel Fence Other _____

Description of proposed construction (include dimension/size & building type) _____

Applicant's Estimated Construction Cost (include materials & labor) \$ _____


SECTION 3- SETBACK OF BUILDING OR STRUCTURE.....(Include setbacks on drawing area below.)

Front Yard Setback _____ Rear Yard Setback _____
 _____ Side Yard Setback _____ Side Yard Setback _____
 N/S/E/W N/S/E/W

SITE PLAN DRAWING: (To be drawn by applicant/contractor in space provided below.)

Drawing shall indicate property lines, curbs, street names, existing and proposed structures, setback dimensions, where surface water will drain, and preferred location of electric and gas meters. Relate drawing to North arrow shown below. If necessary, use a separate sheet of paper.

NOTE: NO APPURTENANCES, ADDITIONS OR FACILITIES SHALL BLOCK ACCESS TO UTILITY METERS OR EQUIPMENT.


North

SECTION 4- APPLICATION FOR NATURAL GAS AND ELECTRIC SERVICE

LP/Natural Gas Service: Total BTU requirement: _____ Pressure requirement if other than 7" WC.: _____
 Electric Service: Size in Amperes: _____
 Voltage Requirement (check one): ___ Single Phase is 240/120 Three Phase is ___ 208/120/ ___ 480/277
 Total Connected KW _____ Total KW Demand _____ Temporary service required? Yes ___ No ___

SECTION 5- APPLICATION FOR TELEPHONE CABLE FACILITY PLACEMENT

Is temporary job site telephone required? Yes ___ No ___

- Single Family Dwelling
- Multi Family Dwelling..... No. of Units _____
- Apartment Complex..... No. of Units _____
- Business
- Other..... No. of Units _____

Prewire before sheetrock or closing studs to be wired by:

- Telephone Company
- Electrician

SECTION 6- APPLICATION FOR CABLE TELEVISION SERVICE

A) PREWIRE

Ensure the cable outlets are "home run" i.e.: a single coaxial wire run from each individual outlet to the entry point of the electric service.
Prewire to be done before sheetrocking or insulating.

This prewire being done by:

- Telephone Company
 Electrician or other

B) SERVICEABILITY

Call the Cable Television Company to verify your home serviceable area.

SECTION 7- NOTIFICATION OF GOPHER STATE FOR EXCAVATION

Minnesota Statute Chapter 216D requires that the EXCAVATOR must call Gopher State One-Call, Inc. at 1-800-252-1166 at least 48 hours before beginning any excavation. It is important to avoid striking any underground utility, telephone, Cable television, or water and sewer lines. Hand digging is required when excavating within two feet of the markings.

The color code for marking underground utility lines is as follows:

Red	Electric Power Lines, cables, Conduit & Lighting Cables
Yellow	Gas, Oil Steam, Petroleum or Gaseous Materials
Orange	Communications, Alarm or Signal Lines, Cables or Conduit
Blue	Water, Irrigation & Slurry Lines
Green	Sewers & Drain Lines
Pink	Temporary Survey Markings
White	Proposed Excavation

After utilities have been marked, if you have any questions or concerns about their location, please contact the various utility suppliers listed below:

* Name	Natural Gas	* Address	* Phone
* Name	Electric	* Address	* Phone
* Name	Telephone	* Address	* Phone
* Name	Water/Wastewater	* Address	* Phone
* Name	Cable	* Address	* Phone

IMPORTANT: BY SIGNING THIS DOCUMENT, I AM INDICATING THAT I HAVE RECEIVED THIS NOTICE AND AGREE TO ACCEPT RESPONSIBILITY FOR EITHER CALLING GOPHER STATE ONE-CALL OR NOTIFYING MY EXCAVATOR TO CALL 48 HOURS PRIOR TO EXCAVATING.

SECTION 8- APPLICANT'S CERTIFICATION AND COMPLIANCE SECTION

PLEASE READ THE FOLLOWING BEFORE SIGNING APPLICATION:

I hereby certify that I have completed, read and examined this application and know the same to be true and correct. I accept responsibility for compliance with all applicable laws and city provisions, including those noted on the community engineer's report, survey, plan review notes, and representation of setbacks, easements and property lines. Issuance of this permit does not authorize violation or cancellation of any state or local law regulating construction or the performance of construction.

I hereby authorize _____ Municipal Utilities to furnish Utility Service to the project address. I understand that I will receive all bills for utility services and that I will be legally responsible for payment of these utility bills.

All electrical work must be inspected by the state electrical inspector. Call (507) 794-2311 between 7:00 am and 8:30 am weekdays to schedule electrical inspections.

Applicant' Signature _____ Date _____

Applicant's Name - Printed _____

Email Address _____

Address _____