



City of Saint Peter
 Phone 507-934-0662
 Fax 507-934-4917

City of Nicollet
Building Department
PO Box 547

401 Pine St. Nicollet, MN 56074
Phone: 507- 232-3474 Fax: 507- 232-3217

Permit Number _____

BUILDING PERMIT APPLICATION

BUILDING SITE ADDRESS _____ (OR) LOT _____ BLOCK _____ PHONE _____

PROPERTY OWNER _____ ADDRESS _____ PHONE _____

GENERAL CONTRACTOR _____ LICENSE# / EXP Date _____ ADDRESS _____ PHONE _____

PLUMBING CONTRACTOR (IF APPLICABLE) _____ LICENSE# / EXP Date _____ ADDRESS _____ PHONE _____

MECHANICAL CONTRACTOR (IF APPLICABLE) _____ ADDRESS _____ PHONE _____

ELECTRICAL CONTRACTOR (IF APPLICABLE) _____ LICENSE# / EXP Date _____ ADDRESS _____ PHONE _____

EXCAVATION CONTRACTOR (IF APPLICABLE) _____ LICENSE# / EXP Date _____ ADDRESS _____ PHONE _____

PROPERTY USE

SINGLE FAMILY RES.
 TWO FAMILY RES.
 THREE + FAMILY RES.
 COMMERCIAL
 INDUSTRIAL
 INSTITUTIONAL
 PUBLIC

TYPE OF WORK

NEW BUILDING
 EXISTING BUILDING
 ADDITION
 REMODEL
 REPAIR
 DECK
 REROOF
 RESIDE

TYPE OF STRUCTURE

PRINCIPLE BUILDING
 GARAGE
 ACCESSORY BUILDING
 TEMPORARY BUILDING
 OTHER (SPECIFY)

Occupancy _____
 Type of Construction _____

PROPOSED SETBACKS

FRONT _____ NSEW _____
 LEFT _____ NSEW _____
 RIGHT _____ NSEW _____
 REAR _____ NSEW _____

DESCRIPTION OF PROJECT _____

CONSTRUCTION & SITE PLANS ATTACHED (TWO COPIES EACH) YES NO SQUARE FOOTAGE _____

IS AN EXCAVATION PERMIT REQUIRED? YES NO ARE YOU USING A REFUSE DUMPSTER? YES NO

IS THE HOME OLDER THAN 1978? YES NO _____

IF SO PROVIDE LEAD CERTIFICATION LICENSE # _____ SIGN (LICENSEE) _____

SIGNATURE OF: <input type="checkbox"/> OWNER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> AUTHORIZED AGENT	PRINTED NAME	DATE

ESTIMATED VALUE OF WORK (INCLUDING LABOR)

DOES THIS VALUE INCLUDE P&H YES NO

Permit becomes void if work does not begin within 180 days or if suspended at any time for over 180 days. Permits issued and inspections made by the City are a public service and do not constitute any representation, guarantee or warranty, either implied or expressed, to any person as to the condition of the building or conformance to applicable construction codes. The undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of Nicollet regulating building construction.

BUILDING PERMIT FEE _____
 PLAN REVIEW FEE _____
 STATE SURCHARGE _____
 TOTAL BUILDING FEE _____
 PUBLIC WORKS FEE _____
 TOTAL PERMIT FEE _____
 RECEIPT NUMBER _____
 ISSUED BY _____
 PW APPROVAL _____

BUILDING OFFICIAL APPROVAL _____ DATE _____ ZONING ADMINSTRATOR APPROVAL _____ DATE _____