



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

Permit Number _____

Phone: 507- 232-3474 Fax: 507- 232-3217

BUILDING PERMIT APPLICATION

BUILDING SITE ADDRESS _____	(OR) LOT _____	BLOCK _____	PHONE _____
PROPERTY OWNER _____	ADDRESS _____		PHONE _____
GENERAL CONTRACTOR _____	LICENSE # _____	ADDRESS _____	PHONE _____
PLUMBING CONTRACTOR (IF APPLICABLE) _____	LICENSE # _____	ADDRESS _____	PHONE _____
MECHANICAL CONTRACTOR (IF APPLICABLE) _____	ADDRESS _____		PHONE _____
ELECTRICAL CONTRACTOR (IF APPLICABLE) _____	LICENSE # _____	ADDRESS _____	PHONE _____
EXCAVATION CONTRACTOR (IF APPLICABLE) _____	LICENSE # _____	ADDRESS _____	PHONE _____

<p>PROPERTY USE</p> <input type="checkbox"/> SINGLE FAMILY RES. <input type="checkbox"/> TWO FAMILY RES. <input type="checkbox"/> THREE + FAMILY RES. <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> INSTITUTIONAL <input type="checkbox"/> PUBLIC	<p>TYPE OF WORK</p> <input type="checkbox"/> NEW BUILDING <input type="checkbox"/> EXISTING BUILDING <input type="checkbox"/> ADDITION <input type="checkbox"/> REMODEL <input type="checkbox"/> REPAIR <input type="checkbox"/> DECK <input type="checkbox"/> REROOF <input type="checkbox"/> RESIDE	<p>TYPE OF STRUCTURE</p> <input type="checkbox"/> PRINCIPLE BUILDING <input type="checkbox"/> GARAGE <input type="checkbox"/> ACCESSORY BUILDING <input type="checkbox"/> TEMPORARY BUILDING <input type="checkbox"/> OTHER (SPECIFY) _____ _____	<p>Occupancy _____ Type of Construction _____</p> <p>PROPOSED SETBACKS</p> FRONT _____ NSEW LEFT _____ NSEW RIGHT _____ NSEW REAR _____ NSEW
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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: OWNER CONTRACTOR AUTHORIZED AGENT _____ 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**