

Permit No. \_\_\_\_\_

Date \_\_\_\_\_

# CITY OF JACKSON BUILDING PERMIT

PH: 507-847-4410

FAX: 507-847-5586

EMAIL: utilities@cityofjacksonmn.com

**Applicant must complete numbered spaces only (Please print in ink)**

1. Job Address			
	<b>Name</b>	<b>Mail address</b>	<b>Phone #</b>
2. Owner			
3. Contractor/Applicant			
4. Architect or Designer			
5. Dimension of Bldg. Or Addition		Sq. Ft.	
6. Permit Use	<input type="checkbox"/> Residence <input type="checkbox"/> Garage <input type="checkbox"/> Office <input type="checkbox"/> Commercial <input type="checkbox"/> Warehouse <input type="checkbox"/> Fireplace <input type="checkbox"/> Deck <input type="checkbox"/> Other		
7. Type of Work	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demo <input type="checkbox"/> Replace <input type="checkbox"/> Foundation		
8a. Describe Work			
8b. Does work involve electrical service installation or relocation of existing electrical service <input type="checkbox"/> Yes <input type="checkbox"/> No if "yes" complete required application			
8c. Does work involve sewer or water extension? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", complete required application.			
8d. If work involves an addition or a new building, will finished work be within 6 feet of existing electric and TV lines? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Change of Use From	10. Will there be construction parking on the street? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>*Outside storage of construction materials and equipment is permitted while construction pursuant to the permit progresses.</b>			

11. VALUATION OF WORK (Include materials & labor)				
	\$	\$	\$	TOTAL
Permit Fee				
Srchrg				
Other				
Receipt of Payment _____				
Date _____	TOTAL _____			

12. Type of Const.	16. No. of Dwelling Units
13. Sprinkler or Alarm	17. Bldg. Height
14. Type of Basement	18. Total sq. ft. of Bldg.
15. Flood Zone	19. No. of Stories
Use Zone	Max. Occ. Load
Occ. Group	Off Street Parking
Easements	

SPECIAL APPROVALS	Required	Received	Cost
<b>ZONING</b>			
Conditional/Interim Use			
Variance			
Site Plan			
Other			
<b>OTHER</b>			
Soil Report			
Plans & Specs.			
Wetland Review			
EAW			
Development Contract			
<b>ADDITIONAL PERMITS</b>			
Sewer Contract			
Water Contract			
Street Exc.			
Curb Cut			
Demolition Debris			
Sign Permit			
Disconnects			
Meter/sockets			
Other			

If you are going to be digging more than 12" down during this project, make one phone call first. Call GOPHER STATE ONE CALL at 1-800-252-1166 and they will notify any utilities in the area of the project. Failure to notify GSOC prior to digging could result in a \$500 fine, plus replacement of utilities that are damaged.

## NOTICE

PERMIT SHALL EXPIRE AND TERMINATE IF WORK [1] IS NOT BEGUN WITHIN ONE YEAR; [2] LIES IDLE FOR SIX MONTHS OR MORE; OR [3] HAS NOT BEEN SUBSTANTIALLY COMPLETED WITHIN 18 MONTHS. **ALL DEMOLITION WORK IS TO BE COMPLETED WITHIN SIX MONTHS FROM DATE PERMIT IS ISSUED AND REQUIRES COMPLETION OF DEMO CHECKOFF FORM.**

\* I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN 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 THE PERFORMANCE OF CONSTRUCTION.

X _____		
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT		(DATE)
CONTRACTOR'S LICENSE NO. _____		(EXP. DATE)
X _____		
SIGNATURE OF OWNER (IF OWNER BUILDER)		(DATE)
_____		
SIGNATURE OF ZONING OFFICIAL		(DATE)
_____		
SIGNATURE OF BUILDING OFFICIAL		(DATE)

PERMIT NOT VALID UNLESS  
A) Signed by Building and Zoning Officials  
B) Receipt of Payment Acknowledged