

<b>APPLICATION FOR BUILDING PERMIT</b>		Box 1	<b>For Office Use Only:</b>	Box 2
<b>CITY OF HECTOR</b> 301 Main Street South, Box 457, Hector MN 55342 Phone: (320) 848-2122 Fax: (320) 848-6582			Building Permit No. <b>H -</b> <u>          </u> <b>-20</b> Date Received _____ Date Paid _____	
<b>Residential</b> R1 <input type="checkbox"/> House or House Addition \$ _____ R2 <input type="checkbox"/> Remodel (Applicant Valuation) \$ _____ R3 <input type="checkbox"/> Attached Garage \$ _____ R4 <input type="checkbox"/> Deck/Porch \$ _____ R5 <input type="checkbox"/> Detached Garage/Accessory Use \$ _____ R6 <input type="checkbox"/> Modular/Manufactured Home \$ _____  <b>Commercial</b> C1 <input type="checkbox"/> Architect - Required \$ _____ C2 <input type="checkbox"/> Non-Architect (Includes Maint. Permits) \$ _____			<b>Maintenance - Residential</b> Box 3 M1 <input type="checkbox"/> Plumbing M1 <input type="checkbox"/> Mechanical M2 <input type="checkbox"/> Reroof M3 <input type="checkbox"/> Siding M4 <input type="checkbox"/> Windows/Door - Same Size/Smaller *** Enlarged Size - Requires remodeling permit (R2) M5 <input type="checkbox"/> Miscellaneous Repair  <b>Demolition</b> (Asbestos Inspection & lab fees not included) D1 <input type="checkbox"/> Residential D2 <input type="checkbox"/> Commercial	
<b>Please Print:</b> Box 4 Job Site Address _____ Owner's Name _____ Owner's Address _____ Owner's Telephone Number _____ Contractor Name _____ License No. _____ Contractor Address _____ Phone No. _____ Parcel Number _____ Legal Description _____ Description of Proposed Work _____				
<b>Use of Structure</b> _____			<b>Applicant's Valuation of Work:</b> _____	
<p>Every permit issued shall become invalid unless the work authorized by the permit is commenced within 180 days after its issuance, or if the work authorized by the permit is suspended or abandoned for a period of 180 days after the time the work commenced. building permit card shall be posted in an easily accessible location at the job site during construction for the Building Official to sign off as inspections are completed. No part of any building area authorized by this permit may be occupied until final inspection and issuance of a Certificate of Occupancy (if applicable) by the Building Official. <b>DON NOT BEGIN CONSTRUCTION UNTIL THIS PERMIT HAS BEEN VALIDATED AND BUILDING SETBACK LINE HAVE BEEN APPROVED BY THE ZONING ADMINISTRATOR.</b></p>				
Printed Name of Applicant: _____ Signature of Applicant: _____			<b>NOTE: TWO SETS OF PLANS ARE REQUIRED WITH YOUR BUILDING PERMIT APPLICATION</b>	
The issuance of this permit does not initiate an automatic inspection request. It shall be the duty of the permit holder or their agent to notify the building official that such work is ready for inspection (See IRC Sec. 109.3 and IBC Sec. 109.5)				
<b>CITY ZONING USE ONLY</b> Box 5 Zoning District _____ Floor Area Ratio _____ Property Dimension _____ Front Setback _____ Property Area _____ Rear Setback _____ Building Area _____ Side Setback _____ Lot Coverage _____ Building Height _____  It is hereby certified that this proposed project meets zoning requirements for City of Hector.  _____ Zoning Signature Approval Date		<b>CALCULATED VALUATION</b> Box 6  <b>BUILDING PERMIT CHARGES</b> Permit Fee \$ _____ Plan Review \$ _____ Surcharge \$ _____ <b>PERMIT FEE \$ _____</b>  <b>ZONING CHARGES</b> Zoning Check \$ _____ Water Connect \$ _____ Sewer Connect \$ _____ Miscellaneous \$ _____ <b>ZONING CHARGES \$ _____</b>  <b>TOTAL SUM OF CHARGES \$ _____</b>		
<b>APPROVED FOR ISSUANCE BY:</b> _____ Signature of Building Official Date				Box 7
<b>Type of Construction</b> _____		<b>Occupancy Class</b> _____		
For Inspections, please contact: Darin Haslip Ph: 320-226-5189 Fax: 651-846-6034 Email: dri101@live.com Web Site: <a href="http://www.101developmentresources.com">www.101developmentresources.com</a>				