

APPLICATION FOR BUILDING PERMIT CITY OF HECTOR 301 Main Street South, Box 457, Hector MN 55342 Phone: (320) 848-2122 Fax: (320) 848-6582	Box 1 For Office Use Only: Box 2 Building Permit No. H - _____ -24 Date Received _____ Date Paid _____
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Residential 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 \$ _____ R7 <input type="checkbox"/> Plumbing and/or Mechanical \$ _____ Commercial C1 <input type="checkbox"/> Architect-Engineer - Required _____ C2 <input type="checkbox"/> Architect-Engineer - Not Required _____	Maintenance - Residential Box 3 M1 <input type="checkbox"/> Plumbing M2 <input type="checkbox"/> Mechanical M3 <input type="checkbox"/> Reroof M4 <input type="checkbox"/> Siding M5 <input type="checkbox"/> Windows/Door - Same Size/Smaller *** Enlarged Size - Requires remodeling permit (R2) M6 <input type="checkbox"/> Miscellaneous Repair Demolition (Asbestos Inspection & lab fees not included) D1 <input type="checkbox"/> Residential (Based on valuation - \$ 100.00 minimum) D2 <input type="checkbox"/> Commercial (Based on valuation - \$ 100.00 minimum)
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Please Print: 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 _____

Use of Structure _____

Applicant's Valuation of Work:

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. **DON NOT BEGIN CONSTRUCTION UNTIL THIS PERMIT HAS BEEN VALIDATED AND BUILDING SETBACK LINE HAVE BEEN APPROVED BY THE ZONING ADMINISTRATOR.**

Printed Name of Applicant: _____

NOTE: TWO SETS OF PAPER PLANS AND/OR ELECTRONIC PLANS REQUIRED WITH YOUR BUILDING PERMIT APPLICATION

Signature of Applicant: _____

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)

CITY ZONING USE ONLY 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 _____	CALCULATED VALUATION Box 6 BUILDING PERMIT CHARGES Permit Fee \$ _____ Plan Review \$ _____ Surcharge \$ _____ PERMIT FEE \$ _____ ZONING CHARGES Zoning Check \$ _____ Water Connect \$ _____ Sewer Connect \$ _____ Miscellaneous \$ _____ ZONING CHARGES \$ _____ TOTAL SUM OF CHARGES \$ _____
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APPROVED FOR ISSUANCE BY: _____

 Signature of Building Official _____ Date _____

Type of Construction _____ **Occupancy Class** _____

For inspections, please contact: Darin Haslip @ 320-226-5189