KANDIYOHI COUNTY
BUILDING PERMIT APPLICATION

Date Received _____ Received By_____ Permit # _____

APPLICANT COMPLETE INFORMATION BELOW

Project Address _____ Parcel # _____

Legal Description _____

_____ Township _____ Range _____ Section _____

Property Owner _____ Phone _____ E-mail Address _____

Mailing Address _____ City _____ State _____ Zip _____

General Contractor _____ License # _____ Phone # _____

E-mail address _____

Homes constructed prior to 1978 require the contractor to be lead certified effective 2-01-2011.

Was the home constructed prior to 1978? ☐ Yes ☐ No **Contractor Lead Certification #** _____

Plumbing Contractor _____ License # _____ Phone #_____

Electrical Contractor _____ License # _____ Phone #_____

Mechanical Contractor _____ Phone #_____

PROPOSED USE:

☐ Dwelling	☐ Private Garage	☐ Home Addition
☐ Pole Building	☐ Finished Basement	☐ Three Season Porch
☐ Deck	☐ Business/Commercial	☐ Other _____

Description of project _____

_____

Dimensions _____ Lot Size/Dimensions _____ Project Cost _____

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. 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. Failure to complete all required inspections and/or corrections including but not limited to the construction final is a violation of the Minnesota State Building Code and is subject to criminal prosecution pursuant to Minnesota Statute 326B.082.

Name of Applicant (Please Print) _____ Phone # _____

Address _____ City _____ Zip _____

Signature _____ Date _____ E-mail Address _____

COUNTY USE ONLY

PLANNING: Zoning District _____ Septic Information _____

Reviewed by _____ Date _____

Subject to the following conditions _____

_____

BUILDING: Reviewed by _____ Date _____

Subject to the following conditions _____

_____