



# City of Virginia

## STRUCTURES & ACCESSORY BUILDINGS

1. ALL structures or accessory buildings to be constructed require a Building Permit.
2. Applicant must provide a completed **Building Permit Application** including property owner, address, present zoning, and complete legal description (lot number, block number and Addition).
3. A **Certified Property Survey** by a Registered Land Surveyor is required by City Code for most existing lot improvements. A list of surveyors in the area is included in this packet can be downloaded from our website at [www.virginiamn.us](http://www.virginiamn.us).
4. All new structures must meet all current setbacks and City Code requirements.

Setbacks - Residential:	Side yard	Rear yard	Front yard
<b>R-1 Zone</b>	8'	5'	20'
<b>R-2 Zone</b>	5'	5'	20'
<b>Corner lot</b>	20' abutting r.o.w.		20' abutting r.o.w.

Setbacks - Commercial	Side yard	Rear yard	Front yard
<b>B-1 Zone</b>	15'	20'	30'
<b>B-2 Zone</b>	10'	20'	30'

5. City Code further states that in a **residential** district, the following applies:
  - One garage per dwelling
  - Maximum of 1000 sq. ft. of accessory structure per dwelling
  - No more than 30% of rear yard may be covered with accessory structure
6. Applicant must provide a completed **Utility Verification Form**, filled out by the Dept. of Public Utilities and Dept. of Public Works, ***before permit can be issued.*** This form is included in this packet or can be downloaded from our website at [www.virginiamn.us](http://www.virginiamn.us).
7. Applicant must provide a set of construction plans to be reviewed and approved by Engineer's Office before permit can be issued. (*SEE HANDOUT IN PACKET*)
8. If the project is to vary from the required setbacks or accessory structure limitations, applicant will be required to seek a variance. A **Variance Application** can be found in this packet. The Planning and Zoning Commission meets on the first Monday of every month. All applications & Variance Filing Fee of \$100 must be submitted to the Engineering Department at least ten (10) days prior to the regularly scheduled Planning and Zoning Meeting.
9. Anyone using power equipment or hand tools to dig, must contact Gopher State One Call at 800-252-1166 or online at [www.gopherstateonecall.org](http://www.gopherstateonecall.org) before digging. This must be done at least two (2) working days before you dig. *NOTE: this does not replace a completed Utility Verification Form.*

If you have any further questions, please contact the Engineer's Office at 748-7500

# City of Virginia Building Permit Application

Engineering Department

327 First Street South, Virginia, MN 55792

Phone (218) 748 -7500

Fax (218) 749 -3580

Date: \_\_\_\_\_

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

Receipt No. \_\_\_\_\_

<b>SITE</b>	Site Location		Lot	Block	Addition		
	Legal Description				Parcel Code		
	LOT SIZE	WIDTH	DEPTH	FRONT SETBACK	SIDE SETBACK	SIDE SETBACK	REAR SETBACK
<b>OWNER</b>	Owner				Contact Person		
	Owner Address				Phone		
	City, State, Zip				Fax No.		
<b>CONTR.</b>	Contractor			License No.		Contact Person	
	Contractor Address				Phone No.		
	City, State, Zip				Fax No.		
<b>DESIGN FIRM</b>	Designer			Registration No.		Contact Person	
	Firm Address				Phone No.		
	City, State, Zip				Fax No.		
<b>APPLICANT</b>	<b>Permit Applicant is</b> <input type="checkbox"/> Owner <input type="checkbox"/> Designer <input type="checkbox"/> Contractor <input type="checkbox"/> Other; Specify _____						
	Applicant Name				Applicant Phone No.		
	Applicant Address				Applicant Fax No.		
<b>PROJECT</b>	<b>Permit is for:</b> <input type="checkbox"/> Build <input type="checkbox"/> Alter <input type="checkbox"/> New <input type="checkbox"/> Add <input type="checkbox"/> Repair <input type="checkbox"/> Demolish <input type="checkbox"/> Other; Specify _____						
	<b>Type of Permit:</b> <input type="checkbox"/> General <input type="checkbox"/> Roofing <input type="checkbox"/> Siding <input type="checkbox"/> Driveway <input type="checkbox"/> Fence <input type="checkbox"/> Other; Specify _____						
	<b>Structure used as:</b> <input type="checkbox"/> Office <input type="checkbox"/> Warehouse <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Garage <input type="checkbox"/> Signage <input type="checkbox"/> Other; Specify _____						
	<b>STRUCTURE DETAILS</b>	<b>WIDTH</b>	<b>LENGTH</b>	<b>HEIGHT</b>	<b>ESTIMATED \$ VALUE OF PROJECT</b>		

**Details or comments** \_\_\_\_\_

I hereby certify that I have read and examined this application and know the same to be true and correct. All provision 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.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Type of Const.	Occupancy Group	Max. Occupancy Load	State Surcharge (minimum 50 cents)	\$
Size of Bldg. (Total Sq. Feet)	Use Zone	Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Permit Fee	\$
Total Impervious Surfaces			Plan Inspection Fee	\$
<b>SPECIAL APPROVALS</b>	<b>REQUIRED</b>	<b>RECEIVED</b>	<b>NOT REQUIRED</b>	
Planning Commission			County Rec. Fee (if applicable, \$46.00)	\$
City Council			City Rec. Fee (if applicable, \$5.00)	\$
Special Use			<b>TOTAL</b>	\$
Utility Verification				

## LAND SURVEYORS

Name	Address	Telephone Number
<b>ARROW OF THE NORTH LLC</b> David Serrano	825 3 <sup>rd</sup> Avenue International Falls, MN 56649	(218) 283-2776
<b>BENCHMARK ENGINEERING, INC.</b> Rodney Flannigan Registration No. 19792	8878 Main Street Mountain Iron MN 55768	(218) 735-8914 (218) 741-5825 (home)
<b>NORTHERN LIGHTS SURVEYING</b> Registration No. 16089	1518 8 <sup>th</sup> Street South	(218) 741-2575
<b>RLK KUSSISTO LTD.</b> Richard Halverson Registration No. 9495	303 E 19 <sup>th</sup> Street Hibbing, MN 55746	(218) 262-5528
<b>WAYNE SPRAGG</b> Registration No. 20585	7890 North St. Mary's Drive Eveleth, MN 55734	(218) 744-1931

City Code, Chapter 4, Section 6, requires all building permit applications to include a Certificate of Survey.

The following items are required on the Certificate of Survey:

- Title block, including Registered Land Surveyor's name, parcel owner's name, legal description, street address and date of survey.
- Scale and directional arrow.
- Legend, including found and placed irons or markers with descriptions.
- Lot lines, with distances and bearings relative to plat and/or legal description.
- Building and structure locations and size, including distances to lot lines.

## UTILITY VERIFICATION FORM

This form along with a sketch showing the location of the item(s) to be constructed, with measurements to the lot lines, must be provided to the *Department of Public Utilities - 618 South 2nd Street, Virginia, MN 55792*. **Incomplete forms will not be processed.**

<b>REQUESTED BY (Name)</b>	
<b>PROPERTY ADDRESS</b>	
<b>LEGAL DESCRIPTION OF PROPERTY (OPTIONAL):</b>	
<b>TYPE OF CONSTRUCTION TO BE PERFORMED:</b>	
<b>HEIGHT OF ITEM TO BE CONSTRUCTED:</b>	
<b>IS A VARIANCE REQUIRED?</b>	<input type="checkbox"/> YES <span style="margin-left: 150px;"><input type="checkbox"/> NO</span>
<b>WHEN COMPLETED, I WOULD LIKE TO (please check one):</b>	<input type="checkbox"/> Have the form sent to City Hall, Engineer's Office <input type="checkbox"/> Be notified so I may pick up the completed form

**SIGNATURE OF PROPERTY OWNER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **DAYTIME PHONE NUMBER:** \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY

<u><b>LOCATION OF UTILITIES</b></u>	
1. STEAM	_____
WATER:	_____
GAS:	_____
ELECTRIC:	_____
	(Overhead or Underground)
Services verified by:	_____
	Department of Public Utilities
2. SANITARY SEWER	_____
Services verified by:	_____
	City Engineering Department

## CITY OF VIRGINIA

### VARIANCE REQUESTS

1. Provide a **Certified Property Survey** done by a Registered Land Surveyor. (A list of area Surveyors is available at the City Engineer's Office).
2. Provide completed Variance Application Form. Form available in this packet or on our website at [www.virginiamn.us](http://www.virginiamn.us).
3. A Variance Filing Fee of \$100 is required when application is submitted.
4. Provide a sketch indicating proposed construction.
5. Provide **Variance Certification Form** completed by neighbor(s). (Not mandatory). Form available in this packet or on our website at [www.virginiamn.us](http://www.virginiamn.us).
6. Provide **Utility Verification Form** completed by the Department of Public Utilities. Form available in this packet or on our website at [www.virginiamn.us](http://www.virginiamn.us).
7. Bring all of the above information to the City Engineer's Office six (6) days prior to the Planning & Zoning Commission meeting, which meet the first Monday of every month
8. Your attendance, or an authorized agent, is mandatory at the Planning & Zoning Commission meeting. Your request will be reviewed by the Commission and a recommendation will be sent to the City Council for FINAL approval.
9. The City Council will approve/disapprove the requested Variance at the next regular scheduled meeting. You will be notified by mail or you may stop into the Engineer's Office to receive your Building Permit, if it has been granted.
10. If the City Council denies your Variance request, citizens are provided with an appeals as outlined in City Code Section 11.50, Subd. 4, entitled "Appeals", which appeal must be requested within 45 days from the date of denial.

If you have any further questions, please contact the Engineer's Office at 748-7500.

**Planning and Zoning meetings are held on the 1<sup>st</sup> Monday of the month.**  
**To be on the agenda for the next months meeting, you must return this application and Variance Filing Fee to the City Engineer's office ten (10) calendar days prior to the Planning and Zoning meeting.**

**VARIANCE APPLICATION**

**RETURN TO:** VIRGINIA PLANNING & ZONING COMMISSION  
City Hall - 327 First Street South, Virginia MN 55792

**FROM:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**ADDRESS OF PROJECT:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**LEGAL DESCRIPTION OF PROPERTY:** (please provide a copy of your Warranty Deed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Abstract property -  
\_\_\_\_\_ Torrens property - (Certificate(s) of Title No. \_\_\_\_\_)

**CERTIFICATE OF SURVEY prepared by** \_\_\_\_\_  
**on (date)** \_\_\_\_\_ (please provide a copy of the survey)

**CURRENT ZONING:** \_\_\_\_\_

**DESCRIPTION OF PROJECT:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CITY CODE REQUIREMENTS:** \_\_\_\_\_

**VARIANCE REQUEST:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DESCRIBE HARDSHIP:** (Why you need the variance) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(If more space is needed - please continue on back)**

**TODAY'S DATE:** \_\_\_\_\_

**DATE OF NEXT PLANNING AND ZONING MEETING:** \_\_\_\_\_

Planning and Zoning meetings are held on the 1<sup>st</sup> Monday of the month.  
To be on the agenda for the next months meeting, you must return this application and Variance Filing Fee to  
the City Engineer's office ten (10) calendar days prior to the Planning and Zoning meeting.

## VARIANCE CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_,  
(Name – neighbor) (Address)

certify that \_\_\_\_\_, \_\_\_\_\_,  
(Name – property owner) (Address)

has permission to construct \_\_\_\_\_,  
(Type of structure or building)

\_\_\_\_\_ from my property line.  
(distance)

**Signatures:**

\_\_\_\_\_  
(Neighbor)

\_\_\_\_\_  
(Property owner)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## VARIANCE CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_,  
(Name – neighbor) (Address)

certify that \_\_\_\_\_, \_\_\_\_\_,  
(Name – property owner) (Address)

has permission to construct \_\_\_\_\_,  
(Type of structure or building)

\_\_\_\_\_ from my property line.  
(distance)

Signatures:

\_\_\_\_\_  
(Neighbor)

\_\_\_\_\_  
(Property owner)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE NOTE: THIS FORM IS NOT TO BE USED AS A REPLACEMENT FOR A COMPLETED UTILITY VERIFICATION FORM

TWIN CITIES  
454-0002



GREATER MINNESOTA  
1-800-252-1166

LOCATE REQUEST FORM

CALLER ID NUMBER: \_\_\_\_\_ TICKET NUMBER: \_\_\_\_\_

WORK TO BEGIN DATE: \_\_\_\_\_

EXPLOSIVES (Y/N): \_\_\_\_\_ R.O.W. (Y/N): \_\_\_\_\_ DURATION OF JOB: \_\_\_\_\_

TYPE OF WORK: \_\_\_\_\_

WORK BEING DONE FOR: \_\_\_\_\_

COUNTY: \_\_\_\_\_ CITY/PLACE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STREET: \_\_\_\_\_

NEAREST CROSS STREET: \_\_\_\_\_

LOCATION OF WORK: \_\_\_\_\_

REMARKS: \_\_\_\_\_

TOWNSHIP: 58 RANGE: 17 SECTION/QUARTER: \_\_\_\_\_

UTILITIES NOTIFIED: \_\_\_\_\_

PLEASE BE AWARE THAT:

**IT IS IMPERATIVE THAT YOU HAVE THE TOWNSHIP, RANGE, SECTION AND QUARTER SECTION NUMBERS WHEN YOU CALL.** If you do not have this information, be prepared to hold from 3 to 5 minutes while the answering attendant searches for this information. The answering attendants at Gopher State One-Call need to process information in this format. Having complete and accurate information before you call will significantly reduce the amount of time you spend on the phone.

**PLEASE MAKE COPIES OF THIS FORM FOR ADDITIONAL REQUESTS**