

# 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>	County Rec. Fee (if applicable, \$25.00)	\$
Planning Commission				City Rec. Fee (if applicable, \$5.00)	\$
City Council				<b>TOTAL</b>	\$
Special Use					
Utility Verification					