



# City of Virginia

Engineering Department  
327 First Street South, Virginia, MN 55792

Phone (218) 748-7500  
Fax (218) 749-3580

## DECKS & PORCHES

ALL DECKS AND PORCHES to be constructed require a Building Permit, regardless of cost. If you demolish or tear down your deck or porch, you must meet all current setbacks and City Code requirements.

Prior to a permit being issued, each applicant **MUST** provide the following required documents:

**(Please use the check boxes as a checklist to ensure that you have submitted everything)**

- Applicant must provide a completed **Building Permit Application** including property owner, address, present zoning, and complete legal description (lot number, block number and Addition).
- A **Certified Property Survey** by a Registered Land Surveyor is required by City Code for MOST deck and/or porch projects. Contact the Engineering Department to determine if a survey will be required. A list of surveyors in the area is included in this packet.
- A **Site Plan** showing the location of where the deck and/or porch will be required. On your survey, indicate dimensions of the deck, the distance to the property lines, any doors, etc. Please note below the required setbacks for each residential zoning district.

DECKS AND PORCHES			
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.

- Applicant must provide a set of construction plans to be reviewed and approved by Engineer's Office. Please see attached **Deck Construction Handout** which shows examples of what will be required.
- A **Utility Verification Form** must be completed for any project, even if you do not plan to dig. This form is filled out by the owner and then returned to the Dept. of Public Utilities at 618 2<sup>nd</sup> Street South, Virginia.
- If the project is to vary from the required setbacks shown above, 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 must be submitted to the Engineering Department by the 15<sup>th</sup> of the previous month of the regularly scheduled Planning and Zoning Meeting.
- If you would like to obtain a variance to build within the setbacks, it is always a good idea to approach your neighbor and ask them to sign the enclosed **Variance Certification Agreement**. However, this item is NOT required for you to obtain a variance.

**PLEASE REMEMBER:** Anyone using power equipment or hand tools to dig, must call **Gopher State One Call** at 1-800-252-1166 before digging. It's the Law!

If you have any questions, please contact the City Engineering Department at (218) 748-7515

# 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					

## LAND SURVEYORS

Name	Address	Telephone Number
<b>BENCHMARK ENGINEERING, INC.</b> Rodney Flannigan-Registration No. 19792 Chris Mattila-Registration No. 51766	8878 Main Street Mountain Iron MN 55768	(218) 735-8914
<b>JPJ ENGINEERING</b> Dustin Schmalz Registration No. 53683  Randy Morton Registration No. 21041	425 Grant Street P.O. Box 656 Hibbing MN 55746	(218) 262-5528
<b>NORTHERN LIGHTS SURVEYING</b> Registration No. 16089	1518 8 <sup>th</sup> Street South Virginia MN 55792	(218) 741-2575
<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 fence 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

<b><u>LOCATION OF UTILITIES</u></b>	
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. Provide a sketch indicating proposed construction.
4. 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).
5. 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).
6. Bring all of the above information to the City Engineer's Office by the 15<sup>th</sup> of the previous month of the regularly scheduled Planning & Zoning Commission meeting, which meet the first Monday of every month
7. 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.
8. 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.
9. 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 to the City Engineer's office by the 15<sup>th</sup> of the previous month of the regularly scheduled 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 to the City Engineer's office by the 15<sup>th</sup> of the previous month of the regularly scheduled 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: \_\_\_\_\_



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**