

CITY OF WALKER
205 Minnesota Avenue West
P.O. Box 207
Walker MN 56484

Receipt # _____

(Please print or type)

BUILDING PERMIT APPLICATION _____

PERMIT NO. _____

Property Address: _____ Suite/Unit No. _____
Property I.D. No. (PIN): _____ (Office Use only)
Applicant is: Owner _____ Contractor _____ Other _____ (as indicated below)
Property Owner: _____ Telephone: _____
Address: _____
Email Address: _____

=====

Contractor: _____
Address: _____ City: _____
State License No.: _____ Telephone: _____
Email Address: _____

=====

Applicant Name: (If Other): _____
Address: _____ City: _____
Brief Description of Work: _____
Job Cost: _____ Telephone: _____
Email Address: _____

The undersigned hereby makes application for a building permit and understands work cannot start without a permit; agrees that all work will be done in compliance with the State Building Code, City Ordinances and approved plans.

Applicant's Signature Date

Contractor Valuation	_____	Water Hook-up WAC (\$1,700Residential/\$2,000Commercial)
*Non-Contractor Valuation	_____	Sewer Hook-up SAC (\$1,700Residential/\$2,000Commercial)
Permit Fee	_____	Turn On Fee (\$100)+tax _____
Plan Review Fee	_____	Turn Off Fee (\$100)+tax _____
State Surcharge	_____	Meter Valve & _____
TOTAL	_____	Meter Charge (rate varies depending on size)

*If a contractor bid is not submitted when estimating the value on the application, the Minnesota rule requires that the total value of all construction work be included. While there are exceptions to work requiring a permit, the rule is clear that where a permit is required, the value must be inclusive of all work performed and is not limited to the phases of the project that require permitting or inspection.

Ownership: (1) Private _____ 2) Public _____
Class of Work: NEW _____ FOU _____ REM _____ DEM _____ REP _____ REP _____ ADD _____

USE TYPE:

Residential:

- | | |
|-----------------------------|-----------------------|
| _____ Single | _____ Single attached |
| _____ Two-family | _____ 3-4 family |
| _____ 5 or more | _____ Hotel, Motel |
| _____ Garage, carport, shed | _____ Mobile Home |

Non-Residential:

- | | |
|--------------------------------------|----------------------------------|
| _____ Amusement, recreational | _____ Office, bank, professional |
| _____ Church, other religious | _____ Public Utility |
| _____ Industrial | _____ Schools, other-educational |
| _____ Parking garage | _____ Stores, mercantile |
| _____ Service station, repair garage | _____ Other non-residential |

BUILDING CHARACTERISTICS:

Non-Residential

- Construction type _____
- Sprinkler system _____
- Occupancy group _____
- City water _____
- City sewer _____
- Sprinklers required _____
- No. required _____
- Area _____
- Width _____
- Depth _____
- Height _____
- No. Stories _____

Residential:

- No. of units _____
- No. of stories _____
- No. of 1/2 baths _____
- No. of 3/4 baths _____
- No. of full baths _____
- 1st floor _____
- 2nd floor _____
- 3rd floor _____
- Porch _____
- Garage:2
- Attached/Detached _____

Basement:

- Unfin./Part-fin./Fin _____
- Construction _____
- Exterior walls _____
- Foundation _____
- No. of bedrooms _____
- Basement _____
- Garage _____
- Deck _____

Architect: _____

Address: _____

Registration No. _____ Phone: _____

Structural Engineer _____

Address: _____

Registration No. _____ Phone: _____

Mechanical Engineer:: _____

Address: _____

Registration No. _____ Phone: _____

Jon Stewart, Building Inspector (218) 507-0369 _____ Date

Hope Fairchild, City Administrator (218) 547-5501 _____ Date