

**CITY OF OSSEO, MN**  
**BUILDING PERMIT**

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

Date \_\_\_\_\_

CONTRACTOR'S LICENSE NO _____		1. DATE _____
2. SITE ADDRESS _____		ZIP CODE _____
3. LEGAL DESCRIPTION PROPERTY I.D. NO.  SECTION _____ LOT _____ BLOCK _____  ADDITION _____ PLAT NUMBER _____ PARCEL NUMBER _____		
4. OWNER (Name) _____ (Address) _____ (Tel. No.) _____		
5. ARCHITECT (Name) _____ (Address) _____ (Tel. No.) _____		
6. BUILDER (Name) _____ (Address) _____ (Tel. No.) _____		
7. TYPE OF WORK Fireplace <input type="checkbox"/> Septic <input type="checkbox"/> Heating <input type="checkbox"/> Plumbing <input type="checkbox"/> Reroofing <input type="checkbox"/> New Construction <input type="checkbox"/> Alterations <input type="checkbox"/> Addition <input type="checkbox"/> Finish Basement <input type="checkbox"/> Residing <input type="checkbox"/> Deck <input type="checkbox"/> Porch <input type="checkbox"/> Garage <input type="checkbox"/> Chimney <input type="checkbox"/> Misc. _____		
8. SIZE OF STRUCTURE (Height) _____ (Width) _____ (Depth) _____	9. NO. OF STORIES _____	10. ESTIMATED VALUE _____
11. COMPLETION DATE _____	12. PROPERTY DIMENSION Width _____ Depth _____	13. NO. OF FAMILIES (if applicable) _____
14. PROPOSED ELEVATION IN RELATION TO CURB OR WATERWAY. _____ ELEV.	15. PROPERTY AREA OR ACRES Sq. Ft. _____	16. CULVERT SIZE Yes _____ No _____
17. FRONT YARD set back from road property Ft. _____	18. REAR YARD set back Ft. _____	19. SIDE YARDS set back _____ Right Sd. _____ Left Sd.
20. MISCELLANEOUS <b>CONTACT EMAIL ADDRESS:</b> _____ _____ _____ _____ _____ _____		
SPECIAL CONDITIONS It is my responsibility to locate and establish the elevations if needed of all site improvements. Required adjustments at my expense.		

FEES	
PERMIT FEE _____	_____
PLAN CHECK FEE _____	_____
INVESTIGATION FEE _____	_____
ENGINEERING FEE _____	_____
SITE FEE _____	_____
DRIVEWAY FEE _____	_____
CULVERT \$ _____	_____
FIREPLACE _____/SC	_____
PLUMBING FEE _____/SC	_____
SEPTIC FEE _____	_____
MECHANICAL FEE _____/SC	_____
WATER METER FEE _____	_____
WATER FEE _____	_____
SEWER FEE _____	_____
SURCHARGE FEE _____	_____
ADMIN. FEE _____	_____
OTHERS _____	_____
CONTRACTORS LICENSE _____	_____
<b>TOTAL FEE</b> _____	_____

CODE ANALYSIS
TYPE OF CONST. _____
USE OF BLDG. _____
OCCUPANCY GROUP _____
OCCUPANCY LOAD _____

<b>ZONING DISTRICT</b> _____
------------------------------

<b>VARIANCE GRANTED, DATE</b> _____
-------------------------------------

OFF STREET PARKING
SPACES REQ. _____
SPACES ON PLAN _____

MATERIAL FILED W/APPLICATION
SOILS REPORT <input type="checkbox"/> Borings
<input type="checkbox"/> Percolation
<input type="checkbox"/> Compaction tests
PLANS AND SPECS. <input type="checkbox"/> Sets _____
SURVEY <input type="checkbox"/> Copies _____
ENERGY CALCULATIONS <input type="checkbox"/>
PILING LOGS <input type="checkbox"/>

FIRE SPRINKLERS REQUIRED
<input type="checkbox"/> YES <input type="checkbox"/> NO

SPECIAL APPROVALS
ZONINGS _____
FIRE DEPT. _____
HEALTH DEPT. _____
PUBLIC WORKS _____
COUNTY _____
OTHER _____

CERTIFICATE OF OCCUPANCY ISSUED
DATE _____ BY _____

**ACKNOWLEDGMENT AND SIGNATURE:**  
The undersigned hereby agrees that, in case such permit is granted, that all work which shall be done and all materials which shall be used shall comply with the plans and specifications herewith submitted and with all the ordinances of said CITY OF **OSSEO** applicable thereto.

SIGNATURE OF APPLICANT \_\_\_\_\_ APPROVED BY BUILDING INSPECTOR \_\_\_\_\_  
City Copy Inspector's Copy Applicant's Copy Assessor's Copy