



CITY OF OSSEO, MN  
BUILDING PERMIT

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

Date \_\_\_\_\_

CONTRACTOR'S LICENSE NO		1. DATE		<p style="text-align: center;"><b>FEES</b></p> 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> _____
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/CONTRACTOR (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		
11. COMPLETION DATE		10. ESTIMATED VALUE		
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. _____		
17. FRONT YARD set back from road property Ft. _____		16. CULVERT SIZE Yes _____ No _____		
20. MISCELLANEOUS <b style="background-color: #ffff00;">CONTACT EMAIL ADDRESS:</b> _____ _____ _____ _____ _____ _____		18. REAR YARD set back Ft. _____		
		19. SIDE YARDS set back _____ Right Sd. _____ Left Sd.		
SPECIAL CONDITIONS It is my responsibility to locate and establish the elevations if needed of all site improvements. Required adjustments at my expense.				

**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.

Return applications to: permits@ci.osseo.mn.us or fax: 763-425-1111  
City of Osseo, 415 Central Ave, Osseo, MN 55369

<b>ZONING DISTRICT</b> _____	
<b>VARIANCE GRANTED, DATE</b> _____	
<b>OFF STREET PARKING</b>	
SPACES REQ _____	
SPACES ON PLAN _____	
<b>MATERIAL FILED W/APPLICATION</b>	
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"/>	
<b>FIRE SPRINKLERS REQUIRED</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>SPECIAL APPROVALS</b>	
ZONINGS _____	
FIRE DEPT. _____	
HEALTH DEPT. _____	
PUBLIC WORKS _____	
COUNTY _____	
OTHER _____	
<b>CERTIFICATE OF OCCUPANCY ISSUED</b>	
DATE _____	BY _____

SIGNATURE OF APPLICANT \_\_\_\_\_

City Copy

Inspector's Copy

APPROVED BY BUILDING INSPECTOR \_\_\_\_\_

Applicant's Copy

Assessor's Copy