

**APPLICATION FOR BUILDING PERMIT**  
**CITY OF COKATO**  
 255 Broadway Ave S, PO Box 1030, Cokato, MN 55321  
 320-286-5505

Box 1

**For City Use Only:**  
**Building Permit No.** CK - \_\_\_\_\_-19  
**Date Received** \_\_\_\_\_  
**Date Paid** \_\_\_\_\_

Box 2

**Residential**

R1 - House or House Addition

R2 - Remodel

R3 - Attached Garage

R4 - Deck/Porch

R5 - Detached Garage/Shed/Accessory Use

R6 - Modular/Manufactured Home

**Commercial**

C1 - Architect Required

C2 - Non-Architect

**Demolition**

D1 - Residential

D2 - Commercial

Box 3

**Please Print**

Job Site Address \_\_\_\_\_

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

Owner's Telephone \_\_\_\_\_

Owner's E-mail \_\_\_\_\_

Contractor Name \_\_\_\_\_ License No \_\_\_\_\_

Contractor Address \_\_\_\_\_ Phone No \_\_\_\_\_

Parcel Number \_\_\_\_\_

Legal Description \_\_\_\_\_

Description of Proposed Work \_\_\_\_\_

Box 4

**Use of Structure** **Applicant's Valuation of Work:**

If this is a residential property, was it built prior to 1978? Yes \_\_\_\_\_ No \_\_\_\_\_

Will this project involve the disturbance of any lead-painted materials? Yes \_\_\_\_\_ No \_\_\_\_\_

Contractor's Lead License # \_\_\_\_\_

*Every permit issued shall become invalid unless the work authorized by the permit is commenced within 180 days after its issuance, or if the work authorized by the permit is suspended or abandoned for a period of 180 days after the time the work commenced. Building permit card shall be posted in an easily accessible location at the job site during construction for the Building Official to sign off as inspections are completed. No part of any building area authorized by this permit may be occupied until final inspection and issuance of a Certificate of Occupancy (if applicable) by the Building Official. DO NOT BEGIN CONSTRUCTION UNTIL THIS PERMIT HAS BEEN VALIDATED AND CITY ZONING APPROVAL HAS BEEN OBTAINED.*

**PRINTED NAME OF APPLICANT** \_\_\_\_\_

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

*The issuance of this permit does not initiate an automatic inspection request. It shall be the duty of the permit holder or their agent to notify the building official that such work is ready for inspection (See IRC Sec. 109.3 and IBC Sec. 109.5)*

**City Zoning Approval**

Zoning District

Property Dimension

Property Area

Building Area

Lot Coverage

Floor Area Ratio

Front Setback

Rear Setback

Side Setback

Building Height

I hereby certify that this project, as submitted, meets zoning requirements for the City of Cokato.

\_\_\_\_\_  
 Zoning Approval Signature Date

Box 5

**Permit Charges**

Calculated Valuation \_\_\_\_\_

**Building Permit Charges**

Permit Fee \_\_\_\_\_

State of Mn Surcharge \_\_\_\_\_

Plan review Fees \_\_\_\_\_

**Total Permitting Fees** \_\_\_\_\_

**City Charges**

Zoning Review \_\_\_\_\_

Water Connection \_\_\_\_\_

Sewer Connection \_\_\_\_\_

Water Meter \_\_\_\_\_

Other \_\_\_\_\_

**Total City Charges** \_\_\_\_\_

**Total Sum of Charges** \_\_\_\_\_

Box 6

**APPROVED FOR ISSUANCE BY:** \_\_\_\_\_  
 Signature of Building Official Date

Box 7

**Type of Construction** \_\_\_\_\_ **Occupancy Class** \_\_\_\_\_

**For Inspections, please contact: Darin Haslip at 320-226-5189**