

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 - _____-20
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 _____

Plan review Fees _____

State of MN Surcharge _____

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