

City of Keewatin Building Permit Application

Planning & Zoning email:
keewatin@mchsi.com

Phone (218) 778-6517 Permit No. _____
Fax (218) 778-6143 Receipt No. _____

Date: _____ Today's Date

127 West 3rd Ave. Keewatin, MN 55753

SITE	Site		Lot	Block	Addition		
	Legal Description				Parcel Code		
	LOT SIZE	WIDTH	DEPTH	FRONT SETBACK	SIDE SETBACK	SIDE SETBACK	REAR SETBACK
OWNER	Owner				Contact Person		
	Owner Address				Phone		
	City, State, Zip				Fax-Email		
CONTR.	Contractor			License No.		Contact Person	
	Contractor Address				Phone No.		
	City, State, Zip				Fax-Email		
DESIGN FIRM	Designer			Registration No.		Contact Person	
	Firm Address				Phone No		
	City, State, Zip				Fax-Email		
APPLICANT	Permit Applicant is <input type="checkbox"/> Owner <input type="checkbox"/> Designer <input type="checkbox"/> Contractor <input type="checkbox"/> Other; Specify						
	Applicant Name				Applicant Phone No.		
	Applicant Address				Applicant Fax-Email		
PROJECT	Permit is for: <input type="checkbox"/> Build <input type="checkbox"/> Alter <input type="checkbox"/> New <input type="checkbox"/> Add <input type="checkbox"/> Repair <input type="checkbox"/> Demolish <input type="checkbox"/> Other; Specify						
	Type of Permit: <input type="checkbox"/> General <input type="checkbox"/> Roofing <input type="checkbox"/> Siding <input type="checkbox"/> Driveway <input type="checkbox"/> Fence <input type="checkbox"/> Other; Specify						
	Structure used as: <input type="checkbox"/> Office <input type="checkbox"/> Warehouse <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Garage <input type="checkbox"/> Signage <input type="checkbox"/> Other; Specify						
	STRUCTURE DETAILS	WIDTH	LENGTH	HEIGHT	ESTIMATED \$ VALUE OF PROJECT		

Details or comments _____

I hereby certify that I have read and examined this application and know the same to be true and correct. All provision of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant _____ Date _____

DO NOT WRITE BELOW THIS LINE

Type of Const.	Occupancy Group	Max. Occupancy Load		State Surcharge (minimum 50 cents)	\$
Size of Bldg. (Total Sq. Feet)	Use Zone	Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No		Permit Fee	\$
Total Impervious Surfaces				Plan Inspection Fee	\$
Special Approvals	Required	Received	Not Required	County Rec. Fee (if applicable, \$25.00)	\$
Planning Commission				City Rec. Fee (if applicable, \$5.00)	\$
City Council				TOTAL	\$
Special Use					