

City of Nerstrand Application for Building Permit

221 Main Street
Nerstrand, Minnesota 55053
Telephone: 507.332.8000

Applicant's Name. Who is Signing Below? _____ Telephone: _____
 Applicant's Mailing Address: _____ Telephone: _____
 City/State/Zip: _____ E-Mail: _____
Applicant's Company (If Applicable): _____ **License or Bond Number:** _____
 Company's Mailing Address: _____ Telephone: _____
 City/State/Zip: _____ Telephone: _____

Site Address: _____ **Parcel Number:** _____
 City/State/Zip: _____ City or Township: _____
Property Owner Name: _____ Size of Parcel: _____
 Owner's Mailing Address: _____ Telephone: _____
 City/State/Zip: _____ Telephone: _____

Project Information. Circle Type of Permit: **Residential** or **Non-Residential**. If not residential, specify: _____
 State the **Use** of Structure: _____ **Size** of Structure or Project: _____
 Circle **Type** of Work: New / Addition / Repair or Remodel / Re-Roof / Plumbing / Mechanical / Other: _____
Year Built (For Existing Structures): _____ **Market Value** of Proposed Project or Work (**Required** by SBC): \$ _____
Describe Proposed Project and Scope of Work: _____

General Contractor: _____ State License: _____ Telephone: _____
 Plumbing Contractor: _____ State License: _____ Telephone: _____
 Mechanical Contractor: _____ State Bond: _____ Telephone: _____
 Electrical Contractor: _____ State License: _____ Telephone: _____
 Design Professional: _____ Minnesota Registration: _____ Telephone: _____
 Other: _____ Registration Number: _____ Telephone: _____

*To avoid permit expiration, **begin work and call for first inspection within 180 days of permit issuance.** I certify that information on this application is true, complete, and correct. All work done and all materials used will be in conformance with the approved plans and specifications and in compliance with the requirements of the Minnesota State Building Code and other applicable statues, ordinances, rules, and regulations that govern building construction or use.*

X Applicant Signature: _____ Date: _____

******* Items Below Are For Goodhue County Use *******

Application _____ Construction Plans _____ Site Plan _____ Environmental Health Approval _____
 Other Forms _____ Additional Plan Info _____ Other _____ Final Zoning Approval _____

Building Official Approval (Comments/Conditions): _____

Signature: _____ Date: _____

General Permit Fee: \$ _____ Valuation of Permit: \$ _____
 Plan Check Fee: \$ _____ Occupancy Class: _____
 State Surcharge: \$ _____ Construction Type: _____
 Other Fee: \$ _____ Date Fee Paid: _____
 Total Fee: \$ _____ Receipt Number: _____

Permit Number: _____
 Issue Date: _____