

Building Permit Request Form

Date:

Site Address:

PID:

Building Permit Routed to Metro West:	Building Permit #
<input type="text"/>	<input type="text"/>



City of Waconia
 201 South Vine Street
 Waconia, MN 55387
 Phone: 952-442-2184
 Fax: 952-442-2135
 www.waconia.org

Noise Ordinance In Effect: Monday - Friday
 before 7:00 a.m. and after 10:00 p.m.
 Saturdays/Holidays before 9:00 a.m. and after 10:00 p.m.
 Sundays before 10:00 a.m. and after 10:00 p.m.

Owner Information

Name:

Address:

City: State: Zip:

Phone:

Builder Information

Name:

Address:

City: State: Zip:

Phone:

Contractor's License #:

Contact Information

Name:

Email:

Phone: Fax:

Type of Work

Commercial Residential

Est. Valuation of Work: Square Feet:

Detailed description of work to be performed:

- Accessory Structure
- Addition
- Commercial Perroof
- Commercial Reside
- Deck
- Fence Height:
- Finish Basement
- Garage/Shed
- New Construction
- Pool
- Remodel
- Retaining Wall Height:
- Stucco/Stucco Demo
- Other:

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required and authorizes the City Zoning Administrator or designee and the City Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice. I hereby acknowledge that I have read this application and state that all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with approved plans, specifications and conditions and to abide by all ordinances of the City and the laws of the State of Minnesota regarding actions taken pursuant to this permit. **I agree to pay all plan review fees even if I choose not to proceed with the work.** Permit expires when work is not commenced within 180 days from date of permit, or if work is suspended, abandoned, or not inspected for 180 days. Work beyond the scope of this permit, or work without a permit or inspection will be subject to a penalty.

Applicant Signature: Date:

Printed Name: Signature is of: Owner Architect Lic. Bldg. Contr. Other:

Office Use Only Below This Line

Occupancy Type:	<input type="text"/>	Construction Type:	<input type="text"/>	Code:	<input type="text"/>	Building Sprinkled?
Valuation of Permit:	<input type="text"/>					<input type="checkbox"/> Yes <input type="checkbox"/> No

City Fees		Special Conditions of Permit:	
Permit Fee:	<input type="text"/>	Storm Water Connection:	<input type="text"/>
Plan Review Fee:	<input type="text"/>	SAC Charge:	<input type="text"/>
State Surcharge:	<input type="text"/>	Sewer Permit:	<input type="text"/>
Site Inspection Fee:	<input type="text"/>	Sewer Hook-Up:	<input type="text"/>
S.E.C. Fee:	<input type="text"/>	Water Hook-Up:	<input type="text"/>
Penalty/Other Fees:	<input type="text"/>	Sewer Trunk:	<input type="text"/>
Copy Charge (\$0.25 per 8.5 x 11 page):	<input type="text"/>	Water Trunk:	<input type="text"/>
Sub-Total	<input type="text"/>	Water Permit:	<input type="text"/>
Plumbing Fee:	<input type="text"/>	Storm Water Trunk:	<input type="text"/>
Mechanical Fee:	<input type="text"/>		
Total Due:	<input type="text"/>		

Paid:	<input type="text"/>
Date:	<input type="text"/>
Receipt:	<input type="text"/>
By:	<input type="text"/>

Building Approval By: Date: Time:

City Approval By: Date: