

City of Foley 251 - 4<sup>th</sup> Ave N PO Box 709 Foley, MN 56329 (320) 968-7260

## **Building Permit Application**

Permit Number

Site Address:					
		_Lot:	Block:		
Owner Address (if different):			City:	Zip:	
Estimated Construction Star	Estimated Completion Date:				
Completed by: Self	Contractor Contractor Name:				
	Contractor License #:	Phone #:			
	Address:		City:	Zip:	
Additional Contractors:	Architect:		Plumbing:		
	Engineer:		Mechanical:		
	Electrical:		Septic:		
Zoning Classification:	Variance Required:				
Actual Structure Setbacks	^				
Front Yard:R	Side Yard (1):	:	Side Yard (2):		
Lot Size		Dimensions			
Width:Length:	Corner Lot: yes / no	Height:	Width:	Depth:	
Type of Construction:	f Construction:Fire Suppression System:				
	<u>recial / Industrial / Accessory</u> Tyl  Description of V				
I hereby certify that I have read and completed this application to the best of my knowledge and know the same to be true and correct. I attest that all provisions 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. This permit becomes null and void if work has not commenced within 180 days.  Contractor / Owner's Name (print)		Value of Permit F Plan Re WAC/S/ Park / T State St	Value of Work (including labor):  Permit Fee:  Plan Review Fee:  WAC/SAC Charges:  Park / Trunk / Eng.:  State Surcharge:		
			mount Due:		
Signature	Date	Paid Ch	eck #:		
Authorized Signature	Date	*separate p	ermits required for pi	lumbing - mechanical - ele	

Inspections must be scheduled at least 24 hours in advance. Thank you!