

City of Crosby

2 Second Street SW, Crosby, MN 56441

218.546.5021 ~ www.cityofcrosby.com

PLEASE Complete this form in black/blue ink

Date Received: _____

Date Issued: _____

Fee Paid: _____

Receipt #: _____

Permit #: _____

Building Permit Application

Owner: _____ Phone: _____
Home Address: _____ City/State/Zip: _____
Project Address: _____ PID #: _____
Legal Description: _____

General Contractor: _____ License #: _____ Phone: _____
Address: _____ City/State/Zip: _____
Email: _____

Plumbing Contractor: _____ License #: _____ Phone: _____
Address: _____ City/State/Zip: _____
Email: _____

Mechanical Contractor: _____ License #: _____ Phone: _____
Address: _____ City/State/Zip: _____
Email: _____

Proposed Use [Check One]: Dwelling Private Garage Deck Home Addition Pole Building Finish Basement Three Season Porch
 Business/Commercial Fireplace Siding Furnace Water Heater Other

Description of Project: _____ Dimensions: _____

Site Plan submitted: Yes No (A site plan is necessary to process applications for all new and/or additions to structures)

Setbacks: OHW _____ Side _____ Side _____ Rear _____ Right of Way _____ Other _____

Zoning District: _____ Lot Area: _____ Impervious Coverage: _____

Estimated Value: _____ Lot Size/Dimensions: _____

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. 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.

Signature: _____ Date: _____

CITY USE ONLY

PLANNING:

Subject to the following conditions: _____

Reviewed By: _____ Date: _____

Current Septic Compliance on file? Yes No Date: _____

BUILDING:

Use and occupancy: _____ Type of Construction: _____

Subject to the following conditions: _____

Reviewed By: _____ Date: _____

FEES

Building Permit: _____

Plan Review: _____

State Surcharge: _____

Plumbing Permit: _____

Re-Roof Permit: _____

State Surcharge: _____

Mechanical Permit: _____

Siding Permit: _____

State Surcharge: _____

Sewer Availability Charge: _____

Culvert: _____

Sewer Connection Permit: _____

Land Use Fee _____

E911Address Assignment: _____

TOTAL DUE: _____