



BUILDING

SINGLE FAMILY & MULTI FAMILY DWELLING

Permit Application

Office Use Only

Notes: Scan

Permit Total:
\$ _____

City of Elk River

Building Safety Division

13065 Orono Parkway NW • Elk River, MN 55330
763.635.1060 • E-mail: Building@ElkRiverMN.gov

Date: _____

Permit #: _____

Site Address: _____ **PID #** _____

Subdivision _____ Lot _____ Block _____

Property Type: Single Family Multi-family Twin home

Construction Type: New Addition Remodel Repair Alteration Other _____

The Applicant Is: Owner Contractor Other _____

Property Owner:

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____

Contractor:

Business Name _____ License/Bond _____

Address _____ City _____ State _____ Zip _____

Office Phone _____ Cell _____

Email _____

Payment Options:

- Call me for credit card payment (If different than above, please note: Phone: _____)
- Send Check (Please make checks payable to the City of Elk River)
- Pay in person via Credit Card, Check, or Cash

Receipt of Permit Options:

- Email permit (If different than above, please note: Email : _____)
- Pick up in person (All permits with plans needs to be picked up)

• PLEASE COMPLETE OTHER SIDE OF APPLICATION •

Office Use Only Approved by: _____ Date: _____ Permit fee: _____ Plan check fee: _____ State surcharge fee: _____

Sewer fee: _____ License fee: _____ Construction type: _____ Occupancy group: _____ Division: _____ Total SQ FT of _____

Called or L/M Date: _____ Int. _____

Detailed description of work:

* Please note: Separate permits are required for electrical, plumbing, and/or mechanical work.

Total Job Valuation \$ _____

----- **This is an application for a permit – It is not valid until processed** -----

I hereby apply for a Building Permit, and I acknowledge that the information above is complete and accurate. I understand this is not a permit and work is not to start without a permit.

I understand and hereby agree that the work for which the permit issued shall be performed according to; (1) the conditions of the permit; (2) the approved plans and specifications; (3) the applicable city approvals, ordinances, and codes; and, (4) the state building/mechanical codes and regulations.

I understand that the permit will expire, and become null and void if work is not started within 180 days, or if work is suspended or abandoned for a period of 180 days any time after work has commenced; and, that I am responsible for ensuring that all required inspections are requested in conformance with the state building code.

Signature of Contractor/Responsible Party **Print Name** **Date**

Signature of Property Owner **Print Name** **Date**