

City of St. Bonifacius
 8535 Kennedy Memorial Drive
 St. Bonifacius, MN 55375
 952-446-1061
 Metro West Inspections: 763-479-1720
frontdesk@cityofstboni.gov

BUILDING PERMIT



For Office Use Only:
 Permit No. _____
 Date _____

CONTRACTOR'S LICENSE NO. _____		1. DATE _____	FEES
2. SITE ADDRESS _____		ZIP CODE 55375	
3. LEGAL DESCRIPTION _____			
PROPERTY ID NO. _____			
4. OWNER (Name) _____ (Address) _____ (Tel. No.) _____			PERMIT FEE _____
5. ARCHITECT (Name) _____ (Address) _____ (Tel. No.) _____			PLAN CHECK FEE _____
6. CONTRACTOR (Name) _____ (Address) _____ (Tel. No.) _____			INVESTIGATION FEE _____
7. TYPE OF WORK Fireplace <input type="checkbox"/> Septic <input type="checkbox"/> Heating <input type="checkbox"/> A/C <input type="checkbox"/> Plumbing <input type="checkbox"/> Reroofing <input type="checkbox"/> New Construction <input type="checkbox"/> Alterations <input type="checkbox"/> Addition <input type="checkbox"/> Finish Basement <input type="checkbox"/> Residing <input type="checkbox"/> Deck <input type="checkbox"/> Porch <input type="checkbox"/> Garage <input type="checkbox"/> Chimney <input type="checkbox"/> Misc. <input type="checkbox"/> _____			ENGINEERING FEE _____
8. SIZE OF STRUCTURE Height _____ Width _____ Depth _____			SITE FEE _____
9. NO. OF STORIES _____			FIREPLACE _____ /SC _____
10. ESTIMATED VALUE OF WORK _____			PLUMBING FEE _____ /SC _____
11. COMPLETION DATE _____			MECHANICAL FEE _____ /SC _____
12. PROPERTY DIMENSION Width _____ Depth _____			WATER METER FEE _____
13. NO. OF FAMILIES (if applicable) _____			WATER FEE _____
14. PROPOSED ELEVATION IN RELATION TO CURB OR WATERWAY. _____ ELEV.			SEWER FEE _____
15. PROPERTY AREA OR ACRES Sq. Ft. _____			SURCHARGE FEE _____
16. CULVERT SIZE _____			ADMIN. FEE _____
17. FRONT YARD set-back from road property Ft. _____			OTHERS _____
18. REAR YARD set-back Ft. _____			TOTAL FEE _____
19. SIDE YARDS set-back _____ Right Side _____ Left Side			CODE ANALYSIS
20. MISCELLANEOUS Call Metro West at (763) 479-1720 to schedule inspections. _____ _____ _____ _____ _____ _____ _____ _____ _____ _____			
SPECIAL CONDITIONS. It is my responsibility to locate and establish the elevations if needed of all site improvements. Required adjustments at my expense:			TYPE OF CONST. _____
ACKNOWLEDGEMENT AND SIGNATURE: The undersigned hereby agrees that, in case such permit is granted, that all work which shall be done and all materials which shall be used shall comply with the plans and specifications herewith submitted and with all the ordinances of said CITY OF ST. BONIFACIUS applicable thereto.			USE OF BLDG. _____
			OCCUPANCY GROUP _____
			OCCUPANCY LOAD _____
			ZONING DISTRICT _____
			VARIANCE GRANTED, DATE _____
			OFF STREET PARKING
			SPACES REQ. _____
			SPACES ON PLAN _____
			MATERIAL FILED W/ APPLICATION
			Soils Report
			<input type="checkbox"/> Borings <input type="checkbox"/> Percolation <input type="checkbox"/> Compaction Tests
			Plans and Specs <input type="checkbox"/> Sets _____
			Survey <input type="checkbox"/> Copies _____
			Energy Calculations <input type="checkbox"/> Piling Logs <input type="checkbox"/>
			FIRE SPRINKLERS REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO
			SPECIAL APPROVALS
			ZONINGS _____
			FIRE DEPT. _____
			PUBLIC WORKS _____
			COUNTY _____
			OTHER _____
			CERTIFICATE OF OCCUPANCY ISSUED
			DATE _____ BY _____

SIGNATURE OF APPLICANT _____ APPROVED BY BUILDING INSPECTOR _____
 Original – Inspector Copy 1 – Applicant Copy 2 – City File Email copy to County Assessor