

CITY OF STOCKTON		PERMIT APPLICATION		BUILDING PERMIT #
Applicant to complete shaded areas including signature.				
SITE ADDRESS				DATE
LEGAL DESCRIPTION		Lot: _____	Block: _____	
		Addition: _____	Property I.D.# _____	
OWNER Name / Address / City / State / Zip / Daytime Telephone				
TYPE OF WORK		<input type="checkbox"/> New Construction	<input type="checkbox"/> Deck	<input type="checkbox"/> Demolition
<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential	<input type="checkbox"/> Finish Basement	<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Fence
ESTIMATED VALUE OF WORK TO BE PERFORMED		<input type="checkbox"/> Remodel	<input type="checkbox"/> Pool	<input type="checkbox"/> Shed
		<input type="checkbox"/> Addition	<input type="checkbox"/> Re-Roof	<input type="checkbox"/> Plumbing
		<input type="checkbox"/> Garage - Attached	<input type="checkbox"/> Re-Side	<input type="checkbox"/> Mechanical
		<input type="checkbox"/> Garage - Detached	<input type="checkbox"/> Window Replacement	<input type="checkbox"/> Misc Other _____
SPECIAL CONDITIONS OF PERMIT:				
Signature of this application by the legal property owner or a licensed contractor, as the owner's representative is required and authorizes the City of Stockton Zoning Administrator or designee and the City of Stockton 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 of the 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 building and work is not commenced within 180 days from date of Permit issued, or if building and work suspended, abandoned or not inspected for 180 days.				
SIGNATURE OF APPLICANT: _____				DATE: _____
BUILDER INFORMATION				
BUILDER Name / Address / City / State / Zip / Daytime Telephone			Contractors License No.	
ARCHITECT Name / Address / City / State / Zip / Daytime Telephone				
Office Use Only:				
		SETBACKS		PERMIT VALUATION:
ACTUAL: Front _____	Rear _____	Side _____	Side _____	
REQUIRED: Front _____	Rear _____	Side _____	Side _____	
OCCUPANCY TYPE:		TYPE OF CONSTRUCTION:		
CODE USED: IRC IBC OTHER: _____		SPRINKLED BUILDING: YES / NO		
CITY FEES				
Permit Fee: \$ _____	Park Ded: \$ _____			
Plan Check Fee: \$ _____	SAC Charge: \$ _____			
State Surcharge: \$ _____	WAC Charge: \$ _____			
Site Inspection Fee: \$ _____	Sewer Hook-Up: \$ _____			
Other: \$ _____	Water Hook-Up: \$ _____			
SUB-TOTAL \$ _____	Water Meter: \$ _____			
Plumbing Fee \$ _____	City Fee: \$ _____			
Mechanical Fee \$ _____	Other: \$ _____			
Paid _____	Receipt No. _____	TOTAL DUE: \$ _____		
Date _____	By _____			
BUILDING OFFICIAL APPROVAL BY:				DATE: _____
ADMINISTRATOR/CLERK/PLANNER				DATE: _____
ZONING ADMINISTRATOR:				
Subject to the following conditions:				

City of Stockton <div style="text-align: center;">MECHANICAL INFORMATION</div>	MECHANICAL PERMIT #	
	State Bond No.	Gas Fitters License No.

MECHANICAL CONTRACTOR	Name / Address / City / State / Zip / Daytime Telephone	ESTIMATED VALUE
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WARM AIR UNDERGROUND DUCT SYSTEM: Yes () No () Gravity _____ Forced _____ Input B.T.U. _____ Output B.T.U. _____	AIR CONDITIONING SYSTEM Tons _____ CFM _____ Ductwork _____
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VENTILATION / AIR EXCHANGE	
Exhaust Only No. of Fans _____ Size _____ Type _____ C.F.M. Del _____ Static Pressure _____	Air Exchange Unit Type-Mixing Box _____ Heat Recovery Ventilation _____ Recovery Efficiency _____ Net Air Flows _____ Where ventilation is used/located _____

WET HEAT Baseboard _____ In-Floor (Wirsbo) _____ Steam _____ Hot Water _____ Gross Sq. Ft. _____ Input B.T.U. _____ New _____ Repl. _____ Addition _____	GAS FITTING PERMITS <input type="checkbox"/> Dryer <input type="checkbox"/> Water Heater <input type="checkbox"/> Furnace <input type="checkbox"/> Gas Log <input type="checkbox"/> Unit Heater <input type="checkbox"/> Fireplace <input type="checkbox"/> Stove <input type="checkbox"/> Grill <input type="checkbox"/> Other _____
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Office Use Only: Repairs, Alterations, Replacements: \$30 \$ _____ New Air Conditioners: \$30 \$ _____ Complete installation for new home: \$50 \$ _____ New Gas Piping: \$10 \$ _____ Commercial Fees: contract price x .01 \$ _____ Total Mechanical Permit: \$ _____	Mechanical or Plumbing Comments:
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<div style="text-align: center;">PLUMBING INFORMATION</div>	PLUMBING PERMIT#	
	State Bond No.	State Plumbers License No.

PLUMBING CONTRACTOR	Name / Address / City / State / Zip / Daytime Telephone	ESTIMATED VALUE
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CLASS OF WORK: () New () Addition () Alteration () Repair

Office Use Only:					
New House: \$50.00	_____	Water Heater: \$10.00	_____		
ISTS: \$30.00	_____	Water Softner: \$15.00	_____		
Repairs, Alteration, Additions: \$30.00	_____	Manuf. Home: \$25.00	_____		
Lawn Sprinkler System: \$30.00	_____	Commercial price: .01	_____		
Total Plumbing Permit: \$ _____		Receipt No. _____	Date: _____		

I hereby certify that I have completed and examined this application and certify that the information contained therein is correct. If a permit is issued, I agree all work will be done in conformance with all applicable ordinances and codes of the City of Stockton and laws of the State of Minnesota. I hereby certify that I am properly registered and/or licensed as required by the State of Minnesota and Stockton City Ordinances.

Contractor or Authorized Agent

CITY OF STOCKTON
8600 D STREET
STOCKTON, MN 55988
PHONE: (507) 689-2005