NEW DWELLING BUILDING PERMIT APPLICATION

City of Albany-P. O. Box 370, Albany, MN, 56307 (320)845-4244 Fax:(320)845-2346

For Office Use Only	Permit Fee: _____	
Permit # _____	Surcharge: _____	Water Meter: _____
Date Received: _____	Plan Check: _____	WAC/SAC: _____
PID #	SUBTOTAL:	**TOTAL DUE :**

Please type or print legibly when completing this application!

Site Address

This permit expires one year from: _____

Property Owner(s) Name(s) Daytime Phone #

Owner(s) Address (if different from above)

Legal Description of Site (attach Metes & Bounds Description) LOT: BLOCK: ADDITION:	Circle Type of Construction: BUILT ON SITE MODULAR PREFABRICATED OTHER:

DESCRIBE IN DETAIL WORK TO BE DONE:

BUILDING COVERING MATERIAL(S) (if applicable)	APPROXIMATE START DATE: _____ / _____ / _____ ESTIMATED COST OF PROJECT (including materials & labor):

Type of Construction: On Site_____ Modular_____ Prefabricated____ Other:
Dimensions of Uses in sq. ft.: Dwelling (1st story) _____ Garage_____ Dwelling (additional stories)_____
Basement_____ Basement finished? YES NO Air Exchanger? YES NO Number of stories_____
Deck_____ (If deck is planned, it must be shown on plans & completed with 1 year.) Fencing? YES NO
Foundation Type (see Foundations Page and circle the one which applies to your plan)
Exhibit 3 Exhibit 6 Exhibit 7 Exhibit 8 Other:
All setback measurements must be measured from the building line.

LICENSED CONTRACTOR'S NAME: _____ PHONE NUMBER(S):_____
(If the owner is acting as his/her own General Contractor, the attached Licensed Contractor Disclaimer must be signed.)
LICENSE NUMBER: MAILING ADDRESS:

Provide the following (if applicable):
PLUMBING CONTRACTOR _____ PHONE NO: _____

MASON & CONCRETE CONTRACTOR _____ PHONE NO: _____

HEATING & VENTING CONTRACTOR _____ PHONE NO: _____

EXCAVATION CONTRACTOR _____ PHONE NO: _____

SPRINKLER CONTRACTOR PHONE NO: _____

APPLICATION MUST INCLUDE: (Application will be deferred until ALL of the following items are provided):
X Building Permit Checklist **X** One Site Plan **X** Architectural Design (If required) **X** Energy Calculations
X One Set of FULL SIZE Construction Plans with Cross Sections and one set of SMALL SIZE (8 ½" x 11") Construction Plans

NOTE: PROPERTY MUST BE STAKED BY 12:00 NOON ON TUESDAY OR THURSDAY FOR INSPECTION. NO EXCEPTIONS!
CONTACT DAN MARTHALER, BUILDING OFFICIAL, AT 1-320-249-7533 FOR INSPECTION OR QUESTIONS.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provision of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. I have identified all property boundaries, easements, flood zones, and/or wetlands existing on the property on my site plan and application. The undersigned further agrees the City and its' administrative staff relied on the accurateness of this application, plans and specifications relative to this project and holds the City of Albany, and its employees harmless from all liability arising from the granting of this permit.

AUTHORIZED SIGNATURE OF OWNER(s) OR CONTRACTOR: _____

_____ DAN MARTHALER, BUILDING OFFICIAL _____ZONING ADMINISTRATOR