RESIDENTIAL ADDITIONS PERMIT APPLICATION

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

Permit # _____	Permit Fee: _____
Date Received: _____	Surcharge: _____
PID # _____	Plan Check: _____
For Office Use Only	**TOTAL DUE : _____**

Site Address

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

Owner(s) Address (if different from above)

Legal Description of Site

LOT:

BLOCK:

ADDITION:

TYPE OF IMPROVEMENT/ADDITION (bedroom, living room, garage, etc.):

Describe, in detail, work to be done:

APPROXIMATE START DATE: _____ / _____ / _____

ESTIMATED COST OF PROJECT (including materials & labor): $_____

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

LICENSE NUMBER: _____

MAILING ADDRESS: _____ PHONE NUMBER(S): _____

Provide the following (if applicable):

MASON & CONCRETE CONTRACTOR _____ PHONE NO: _____

PLUMBING CONTRACTOR _____ PHONE NO: _____

HEATING & VENTING CONTRACTOR _____ PHONE NO: _____

FOUNDATION TYPE*: Exhibit 3 Exhibit 4 Exhibit 5 Exhibit 6 Other (explain) _____
(*See attached Foundations page and circle the Exhibit which applies to your plan.)

REQUIRED FORMS TO BE SUBMITTED WITH APPLICATION: (Your application will be denied until all the following items are provided)

X Building Permit Checklist **All setback measurements must be measured from the building line.**

X One Site Plan

X One Set of FULL SIZE Construction Plans with cross sections and one set of SMALL SIZE Construction Plans (8 ½ x 11)

X Signed property disclaimer

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 OR CONTRACTOR **TOM SCHNEIDER, ZONING ADMINISTRATOR**

_____

DAN MARTHALER, BUILDING OFFICIAL
1-320-249-7533