



Application for Building Permit

CITY OF BRECKENRIDGE, MINNESOTA

Property Type:	<input type="radio"/> Single Family <input type="radio"/> Two Family <input type="radio"/> Townhome <input type="radio"/> Accessory Structure		
Construction Type:	<input type="radio"/> New <input type="radio"/> Alteration <input type="radio"/> Restoration <input type="radio"/> Demolition		
Job Site Address:	Street Number	Street Name	Unit
For New Construction	Lot	Block	
	Subdivision		
Contractor Detail:	Company Name		
	Contact First Name	Mobile/Text #	
	Contact Last Name	Office Phone #	
	Street Number	Street Name	Unit
	City	State	Zip
	Contact Email	License #	
Owner Detail:	Owner First Name	Mobile/Text #	
	Owner Last Name	Other Phone #	
	Email		
	Street Number	Street Name	Unit
	City	State	Zip
Project Summary:			
Valuation:	Estimated Value of Labor and Materials		
<p>Permit becomes void if work does not begin within 180 days or is suspended at any time for over 180 days. Permits issued and inspections made by the city are a public service and do not constitute any representation, guarantee, or warranty, either implied or expressed, to any person as to the condition of the building or conformance to applicable construction codes. The Undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of Breckenridge. Periodic and/or a final inspection of this work are required by the Minnesota State Building Code.</p> <p style="text-align: center;">It is the responsibility of the applicant to call the City of Breckenridge Building Official to Schedule an inspection.</p>			
_____		_____	
Applicant Printed Name	Applicant Signature	Date	
Office Use Only Below This Line			
Zone:	Complies	Yes No	Remarks _____
Floodplain:	<input type="radio"/> Yes <input type="radio"/> No	Base Flood Elevation	Complies <input type="radio"/> Yes <input type="radio"/> No
Permit Number:	<input type="radio"/> Approved <input type="radio"/> Disapproved		Permit Fee: _____
Parcel ID	By: _____	State Surcharge: _____	
	Building Official/Zoning Administrator	Total Fee: _____	