

 <div> CITY OF BRECKENRIDGE <small>420 NEBRASKA AVENUE BRECKENRIDGE, MINNESOTA 56008 TELEPHONE (218) 643-1431 FAX (218) 643-1113</small> </div>		<h2 style="text-align: center;">Application for Building Permit</h2> <h3 style="text-align: center;">CITY OF BRECKENRIDGE, MINNESOTA</h3>	
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:	Address		
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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>_____</div> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Applicant Printed Name</div> <div>Applicant Signature</div> <div>Date</div> </div>			
Office Use Only Below This Line			
Zone:	Complies	Yes No	Remarks _____
Permit Number:	<input type="radio"/> Approved <input type="radio"/> Disapproved		
			Permit Fee: _____
Parcel ID	By: _____	State Surcharge: _____	
_____	Building Official/Zoning Administrator	Total Fee: _____	

25% Plan Review Fee: _____

Total Fee: _____