



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:	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>				
_____		_____		_____
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: _____

25% Plan Review Fee: _____

Total Fee: _____