



BUILDING PERMIT/APPLICATION

CITY OF WABASHA, 651-565-4568

Permit # \_\_\_\_\_

-----APPLICANT COMPLETE INFORMATION BELOW-----

Project Address: \_\_\_\_\_ PID # R27. \_\_\_\_\_

Legal Description: \_\_\_\_\_ ( ) See Attached

Property Owner: \_\_\_\_\_ Phone \_\_\_\_\_ (Cell) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

General Contractor: \_\_\_\_\_ License #: \_\_\_\_\_ Phone: \_\_\_\_\_ ( ) Cell

Plumbing Contractor: \_\_\_\_\_ License #: \_\_\_\_\_ Phone: \_\_\_\_\_ ( ) Cell

Mechanical Contractor: \_\_\_\_\_ License #: \_\_\_\_\_ Phone: \_\_\_\_\_ ( ) Cell

Proposed Use [ (✓) One ]: ( ) Dwelling, ( ) Garage, ( ) Deck, ( ) Addition, ( ) Porch, ( ) Pole Building, ( ) Finish Basement, ( ) Plumbing, ( ) Mechanical, ( ) Reactivation of Permit # \_\_\_\_\_, ( ) Business/Commercial, ( ) Other \_\_\_\_\_

Description of Project: \_\_\_\_\_ Project Dimensions: \_\_\_\_\_

Square Footage: \_\_\_\_\_, Lot Size/Dimensions: \_\_\_\_\_ (See attached Site Plan),

Use and Occupancy Type: \_\_\_\_\_ Type of Construction: \_\_\_\_\_

City Water: [ (✓) ( Yes ) ( No ), City Sewer: [ (✓) ( Yes ) ( No ),

Proposed Setbacks: Front \_\_\_\_\_ Side (L) \_\_\_\_\_ Side (R) \_\_\_\_\_ Rear \_\_\_\_\_ Street Side \_\_\_\_\_

Road Right of Way (State/County) County Rd #: \_\_\_\_\_ State Hwy #: \_\_\_\_\_

Is property in the floodplain? No \_\_\_ Yes\* \_\_\_ \*If YES, than 100 year regulatory Flood Protection Elevation must be determined and as-built elevations must be certified prior to the issuance of CO (Certificate of Occupancy).

All new homes and Commercial Structures are required to pay a Water Access Charge (WAC) of \$100, Sewer Access Charge (SAC) of \$600 at the time of issuance of the building permit.

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Name [please print]: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----CITY USE ONLY-----

Zoning District: \_\_\_\_\_ Floodplain \_\_\_\_\_ Shoreland \_\_\_\_\_ REPE: \_\_\_\_\_ (Base Flood elev.)

Minimum Setbacks: Front \_\_\_\_\_ Side (L) \_\_\_\_\_ Side (R) \_\_\_\_\_ Rear \_\_\_\_\_ Street Side \_\_\_\_\_

Mississippi Pool #4: \_\_\_\_\_ Brewery Creek: \_\_\_\_\_ Floodplain Only; lowest adjacent Grade: \_\_\_\_\_ ft. sea level

ZONING APPROVED BY: \_\_\_\_\_ Date: \_\_\_\_\_

BUILDING APPROVED BY: \_\_\_\_\_ Date: \_\_\_\_\_

-----FEES-----

Valuation: \_\_\_\_\_

Building Permit: \_\_\_\_\_ Plan Review: \_\_\_\_\_ State Surcharge: \_\_\_\_\_

Plumbing Permit: \_\_\_\_\_ Plan Review: \_\_\_\_\_ State Surcharge: \_\_\_\_\_

Mechanical Permit: \_\_\_\_\_ Plan Review: \_\_\_\_\_ State Surcharge: \_\_\_\_\_

Subtotals of Fees: \_\_\_\_\_ Subtotal: \_\_\_\_\_ Subtotal: \_\_\_\_\_

New Homes and Commercial Structures Only: WAC: \$100 SAC: \$600 Other: \_\_\_\_\_

TOTAL DUE: \_\_\_\_\_ Total WAC & SAC Due: \_\_\_\_\_

Call CMS for Inspections at 1.800.940.2547

Paid: ( )
Date Issued:
Issued By: