

GREENBUSH TOWNSHIP

Office of Building and Zoning

Scot Rosevold

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Permit # GB 26
Parcel # 06-

PERMIT APPLICATION INFORMATION

LEGAL DESCRIPTION (Subdivision or Qtr/Qtr)

SEC	TWP	RANGE	LOT	BLOCK		Acres
Owner address						ph _____
						cell _____
						email _____
contractor address				License # _____	ph _____	
						cell _____
						email _____
TYPE OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> REMODEL <input type="checkbox"/> REPAIR <input type="checkbox"/> HVAC <input type="checkbox"/> PLUMBING <input type="checkbox"/> DEMO <input type="checkbox"/> REROOF <input type="checkbox"/> OTHER						
TYPE OF STRUCTURE: <input type="checkbox"/> SFD <input type="checkbox"/> Garage <input type="checkbox"/> Deck <input type="checkbox"/> MfgHome <input type="checkbox"/> Ag. Bldg <input type="checkbox"/> Grain Bin <input type="checkbox"/> Other:						
TYPE OF CONSTRUCTION: <input type="checkbox"/> Wood <input type="checkbox"/> Masonry <input type="checkbox"/> Metal <input type="checkbox"/> PostFrame <input type="checkbox"/> Lt. Frame <input type="checkbox"/> PreFab <input type="checkbox"/> Other:						
USE OF BUILDING (example: residential, commercial, agriculture, personal storage, etc.):						
SIZE OF STRUCTURE : Sq. Ft.: _____ Height: _____ Width: _____ Depth: _____						
ESTIMATED MATERIAL AND LABOR COSTS: \$ _____ HEATED: <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____						

I hereby apply for a building permit and acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes and with the Minnesota Building Codes; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan.

SIGNATURE OF APPLICANT: _____ DATE: _____

Brief Description of work to be performed: _____

OFFICE USE ONLY									
Zoning Administrator: <input type="checkbox"/> Approved <input type="checkbox"/> Denied						Signature: _____		Date: _____	
Road Row	Ctr Road	Front Yd	Side Yd	Rear Yd	Lake/River	Bluffline	District		
COMMENTS: _____									
BUILDING OFFICIAL: <input type="checkbox"/> Approved <input type="checkbox"/> Denied						Building Permit: _____			
Signature: _____ Date: _____						Plan Review Fee: _____			
Total Sq Ft: _____ Valuation: _____ Sprinkler Yes_ No_						State Surcharge: _____			
Use: _____ Occupancy: _____ Const Type: _____						Sewer Permit: _____			
Total Sq Ft _____ No. Stories _____ Occ. Load: _____						Penalty: _____			
						Fixed Fee: _____			
						Other: _____			
						Agricultural use _____			
						TOTAL: _____			

COMMENTS: _____
