

**Application for Building Permit**

**Applicant Information**

Name of **Applicant** (*Individual*): \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Individual's Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Name of **Company** (*if applicable*): \_\_\_\_\_ **License Number:** \_\_\_\_\_  
 Company's Mailing Address: \_\_\_\_\_ Qualifying Person: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Property Information**

**Site Address:** \_\_\_\_\_ **Parcel Number:** \_\_\_\_\_  
 Size of the Parcel: \_\_\_\_\_ City or Township: \_\_\_\_\_  
 Name of Property Owner: \_\_\_\_\_ Owner Waiver Included? \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Project Information**

Circle Type of Permit: **Residential** or **Non-Residential**. If not residential, specify: \_\_\_\_\_  
 State the **Use** of Structure: \_\_\_\_\_ Size of Structure or Project: \_\_\_\_\_  
 Circle Type of Work: New / Addition / Repair or Remodel / Re-Roof / Plumbing / Mechanical / Other? \_\_\_\_\_  
**Value** of Proposed Project or Work (*Required by SBC*): \_\_\_\_\_  
 Describe Proposed Project and Scope of Work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Professionals Involved**

General Contractor: \_\_\_\_\_ License Number: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Plumbing Contractor: \_\_\_\_\_ License Number: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Mechanical Contractor: \_\_\_\_\_ State Bond: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Electrical Contractor: \_\_\_\_\_ License Number: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Design Professional: \_\_\_\_\_ License Number: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Other: \_\_\_\_\_ License Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Applicant Statement and Acknowledgement**

To avoid permit expiration, **begin work and call for first inspection within 180 days of permit issuance**. I certify that the information on this application is true, complete, and correct. All work done and all materials used will be in conformance with the approved plans and specifications and in compliance with the requirements of the Minnesota State Building Code and other applicable statutes, ordinances, rules, and regulations that govern building construction or use.

**X** Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*\* Items Below Are For County Building Official Use \*\*\*\*\***

Application \_\_\_\_\_ Construction Plans \_\_\_\_\_ Site Plan \_\_\_\_\_ Environmental Health Approval \_\_\_\_\_  
 Waiver(s) \_\_\_\_\_ Additional Plan Info \_\_\_\_\_ Other \_\_\_\_\_ Final Zoning Approval \_\_\_\_\_

**Building Official Approval**

Comments/Conditions: \_\_\_\_\_  
 \_\_\_\_\_

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

**Fees**

General Permit Fee: \$ \_\_\_\_\_ Valuation of Permit: \$ \_\_\_\_\_  
 Plan Check Fee: \$ \_\_\_\_\_ Occupancy Class: \_\_\_\_\_  
 State Surcharge: \$ \_\_\_\_\_ Construction Type: \_\_\_\_\_  
 Other Fee: \$ \_\_\_\_\_ Date Fee Paid: \_\_\_\_\_  
 Total Fee: \$ \_\_\_\_\_ Receipt Number: \_\_\_\_\_

**Permit Number:** \_\_\_\_\_  
**Issue Date:** \_\_\_\_\_

# Application for City of Kenyon Building Permit

## OTHER FEES

\*\*\*\*\***New Home Construction Only**\*\*\*\*\*

Water Connection Fee:	\$844
Sewer Connection Fee:	\$844
Electrical Connection Fee:	<u>\$267.19</u>
<b>Total Other Fees:</b>	<b>\$1955.19</b>
<b>(Paid with Building Permit Fee)</b>	

### LOAD MANAGEMENT:

All new homes will be required to have a control switch installed on the central air conditioning unit. Kenyon Municipal Utilities (KMU) will pay the homeowner \$80 toward having their own electrician install the switch at the time of construction, or KMU will have the switch installed for them at no charge.

Permit Number: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

## **Property Owner Waiver**

### **Minnesota State Contractor Licensing Requirements**

*The purpose of this form is to have property owners acknowledge their responsibilities to the Minnesota State Building Code, to Zoning Ordinances, and to other applicable rules and regulations when they are acting as general contractor in building projects.*

I understand that the State of Minnesota requires that all Residential Building Contractors, Remodelers, and Roofers, obtain a State License unless they qualify for a specific exemption from the licensing requirements. By signing this waiver, I attest to the fact that I am building or improving my property by myself. I claim to be exempt from the State License requirements because I am not in the business of building on speculation or for resale and this is the first residential structure that I have built or improved in the past 24 months.

I acknowledge that because I do not have a State License, I forfeit any mechanic's lien rights to which I may otherwise have been entitled under Minnesota State Statute 514.01.

I acknowledge that I may be hiring independent contractors to perform certain aspects of the construction or improvement of this property. Some of these contractors may be required to be licensed by the State of Minnesota. I understand that unlicensed residential contracting, remodeling, and/or roofing activity is a misdemeanor under Minnesota State Statute 326.92, subdivision 1, and that I forfeit my rights to reimbursement from the Contractor's Recovery Fund in the event that any contractors that I hire are unlicensed.

I also acknowledge that as the contractor on this project, I am solely and personally responsible for any violations of the State Building Code and/or County Ordinance in connection with the work performed on this property.

\_\_\_\_\_  
*Signature or Property Owner*

\_\_\_\_\_  
*Project Address*

\_\_\_\_\_  
*Date*

**Please return this signed waiver with the Building Permit Application to the  
Goodhue County Land Use Management Department.**

To determine whether a particular contractor is required to be licensed, or to check on the licensing status of an individual contractor, call the Minnesota Department of Commerce, Enforcement Division at 651/296-2594, or toll-free at 1-800/657-3602.