

TOWNSHIP COOPERATIVE PLANNING ASSOCIATION

4111 11TH Avenue SW—Room 10 | Rochester, MN 55902 | PH: (507) 529-0774 | FX: (507) 281-6821

JOB SITE LOCATION:

Township: _____ Address: _____

City: _____ State: _____ Zip: _____

PROPERTY OWNER:

Name: _____ Address: _____

Home PH#: _____ City: _____ State: _____ Zip: _____

Work PH#: _____

PROPERTY LEGAL DESCRIPTION:

Township Section #: _____

Email Address: _____

PROPOSED USE:

<input type="checkbox"/> Dwelling	<input type="checkbox"/> Deck	<input type="checkbox"/> Furnace	<input type="checkbox"/> Dwelling Addition/Year Built: _____
<input type="checkbox"/> Pole Building	<input type="checkbox"/> 3-Season Porch	<input type="checkbox"/> Water Heater	<input type="checkbox"/> Finish Basement
<input type="checkbox"/> Private Garage	<input type="checkbox"/> Siding	<input type="checkbox"/> Gas Line	<input type="checkbox"/> Dwelling Remodel/Year Built: _____
<input type="checkbox"/> Business Commercial	<input type="checkbox"/> Re-Roofing	<input type="checkbox"/> Fireplace	<input type="checkbox"/> Other: _____

Description of Project:

Building Dimensions: _____ Use & Occupancy: _____

Lot Size/Dimensions: _____ Construction Type: _____

Estimated Value: _____

* General Contractor Address _____ _____ * License # _____ Phone # _____ Septic Installer _____	* Plumbing Contractor _____ * Plumber License # _____ Mechanical Contractor _____ Phone # _____ Electrician _____ Well Driller _____
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* Denotes Required information for all permits

 Floodplain Management District: YES NO

 Shoreland Management District: YES NO

You must attach two (2) copies of building plans and a free-hand sketch showing land dimensions, building locations and distances in relation to other buildings, lot lines, roads, road right-of-ways, septic & well locations plus neighboring septic & wells if located in a subdivision or on a small acreage in a developed area. Set-backs apply. Designate North. Variance & Conditional Use permits may also be needed. If this activity is located in a shoreland management district, you must also show distance to the ordinary high water level and certify your existing septic system. Wells must meet required distance from septic systems. A building permit will not be issued for any construction until approval is received from TCPA. A penalty may, and will be assessed up to the amount of the building permit fee, if activity is started prior to obtaining a building permit. Additions to the application or re-inspections may be billed separately when they become applicable and must be paid prior to the inspection(s).

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. Refund and Cancellation Policy: upon request of cancellation of building permits, charges or refunds will be based on expenses for office time, inspections, and zoning fees that were completed prior to the cancellation notice.

IF YOU HAVE QUESTIONS PLEASE CALL TCPA AT (507) 529-0774

IF THIS APPLICATION IS INCOMPLETE IT WILL BE RETURNED TO THE APPLICANT

SIGNATURE: _____ PRINT NAME: _____ DATE: _____

APPLICANT MAY BE BILLED FOR INSPECTIONS PREMATURELY REQUESTED (work not ready for inspection)

----- - TO BE COMPLETED BY TCPA -----

Received by:	Date Received:				Finished Value (not cost)
Building Permit: \$	Plan Review: \$	State Surcharge: \$			
Plumbing Permit: \$	Plan Review: \$	State Surcharge: \$			
Mechanical Permit: \$	Plan Review: \$	State Surcharge: \$			
Other: \$		TOTAL DUE: \$			

 Permit Approved By: _____ Date: _____
 (Building Official)