



**City of Maple Plain**  
 5050 Independence St, PO Box 97  
 Maple Plain, MN 55359  
 Office: (763) 479-0515

# BUILDING PERMIT APPLICATION

## PERMIT INFORMATION

**Permits requiring plan review must include application fee when submitted.  
 This includes decks, remodels, additions, new homes, garages, sheds, and ALL COMMERCIAL.**

Application Fee \$100	Date Pd	Receipt No.	Permit Number
Permit Fee Due \$ (minimum \$101.00)	Date Pd	Receipt No.	Date Issued

## PROJECT LOCATION & VALUE

Site Address	Estimated Value \$
Property I.D. Number	

## APPLICANT INFORMATION

Applicant Name	Company, if applicable
Address	Phone
City, State, Zip	Email
Are you the owner of the property? <input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>(If not, property owner information is required.)</i>	

Owner Name	
Address	Phone
City, State, Zip	Email

Contractor Information	
Name	License Number

## PROJECT INFORMATION

<b>Type of Work</b> <i>(Check all that apply.)</i>			
<b>Construction</b> <input type="checkbox"/> New Construction / Addition <input type="checkbox"/> Finish Basement <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Temporary Structure Use _____ <input type="checkbox"/> Deck / Porch  <b>Miscellaneous</b> <input type="checkbox"/> Fence over 6 feet <input type="checkbox"/> Remove Underground Tanks <input type="checkbox"/> Signage	<b>Alterations</b> <input type="checkbox"/> Interior Remodel <input type="checkbox"/> Re-roofing <input type="checkbox"/> Re-siding <input type="checkbox"/> Stucco <input type="checkbox"/> Windows <input type="checkbox"/> Other _____  <b>Demolition &amp; Relocation</b> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Building Move	<b>Plumbing &amp; Mechanical</b> <input type="checkbox"/> Plumbing <i>(incl. sump pump)</i> <input type="checkbox"/> Mechanical <input type="checkbox"/> Furnace <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Commercial HVAC <input type="checkbox"/> Water Heater <input type="checkbox"/> Softener <input type="checkbox"/> Fireplace / Chimney <input type="checkbox"/> Fire Protection  <b>Fixtures</b> <input type="checkbox"/> Plumbing Fixtures # _____ <input type="checkbox"/> Mechanical Fixtures # _____	
Structure Size <i>(In feet.)</i> H:    W:    D:	Building Square Foot sq. ft.	Addition Square Foot sq. ft.	Stories
Property Dimension W:    D:	Property Area sq. ft.	Estimated Value \$	Completion Date
Front Yard Setback Front:    ft.	Rear Yard Setback Rear:    ft.	Side Yard Setback Left:    ft.	Side Yard Setback Right:    ft.

## PROJECT DESCRIPTION

## AGREEMENT

The undersigned hereby agree that, in case such permit is granted, that all work which shall be done and all materials which shall be used shall comply with the plans and specifications herewith submitted and with all ordinances of the City of Maple Plain, Minnesota applicable hereto.

**Applicant Signature**

**Building Inspector  
Signature**

**Date**

**Date**

## NOTICE TO APPLICANT

Items to submit with application	Notice to applicant
<input type="checkbox"/> Two (2) copies of permit application. <input type="checkbox"/> Two sets of all plans, drawings, and other information required or requested by the Building Inspector. <input type="checkbox"/> <b>Payment of \$100 non-refundable application fee for projects requiring plan review.</b> <i>(Applied to balance due.)</i>	<ul style="list-style-type: none"> <li>Plans must be drawn to scale.</li> <li>The City will try to process applications as soon as possible; 3 to 5 business days may be required.</li> <li>The Building Inspector reserves the right to request additional information.</li> <li>Plan check fees must be paid if permit application is withdrawn by applicant.</li> <li>A WAC and/or SAC determination(s) may apply.</li> </ul>

## FEES (OFFICE USE ONLY)

<b>Fixed Fees - \$101.00 (includes \$1.00 State Surcharge)</b> <b>Residential furnace, a/c, water heater, softener, re-roof, re-side, window replacement</b>		
<input type="checkbox"/> Permit Fee \$ _____ <input type="checkbox"/> Plan Check Fee \$ _____ <input type="checkbox"/> Admin Fee \$ _____ <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> State Surcharge \$ _____ <i>(\$1.00 Minimum)</i> <input type="checkbox"/> Penalty \$ _____	<input type="checkbox"/> Plumbing Fee \$ _____ <input type="checkbox"/> Mechanical Fee \$ _____ <input type="checkbox"/> Water Heater \$ _____ <input type="checkbox"/> Water Softener \$ _____ <input type="checkbox"/> Fireplace \$ _____	<input type="checkbox"/> WAC Fee \$ _____ <input type="checkbox"/> SAC Fee \$ _____ <input type="checkbox"/> Water Meter \$ _____ <input type="checkbox"/> Sump Pump \$ _____
<b>Permit Fees Due \$</b>		

Code Analysis <i>(Use abbreviations.)</i>	Zoning District	Special Approvals
Type of Construction Use of Building Occupancy Group Occupancy Load	<input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> MU-G <input type="checkbox"/> MU-D <input type="checkbox"/> MU-B <input type="checkbox"/> I1 <input type="checkbox"/> I2 <input type="checkbox"/> OP	<input type="checkbox"/> Zoning <input type="checkbox"/> Fire <input type="checkbox"/> Health <input type="checkbox"/> Public Works <input type="checkbox"/> County <input type="checkbox"/> Watershed

Fire Sprinklers Required	Variances <i>(If applicable)</i>	Certificate of Occupancy Issued
<input type="checkbox"/> Yes. <input type="checkbox"/> No.	Date Granted	Date                      By

**Please call Metro West Inspections to schedule all inspections at 763-479-1720**