

GREENBUSH TOWNSHIP

Permit #	GB 26 -
Parcel #	06-

Office of Building and Zoning
 Scot Rosevold
 307 7th Avenue South, Princeton, MN 55371
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PERMIT APPLICATION INFORMATION

LEGAL DESCRIPTION (Subdivision or Qtr/Qtr)

SEC	TWP	RANGE	LOT	BLOCK	Acres
PROPERTY OWNER NAME:				ADDRESS:	PHONE # CELL # email
CONTRACTOR:				ADDRESS:	PHONE # CELL # email
LICENSE #:					
TYPE OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> REMODEL <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE <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"/> Pole 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: _____ Plan Review Fee: _____ State Surcharge: _____ Sewer Permit: _____ Penalty: _____ Fixed Fee: _____ Other: _____ Agricultural use _____					
Signature: _____ Date: _____ Total Sq Ft: _____ Valuation: _____ Sprinkler <input type="checkbox"/> Yes <input type="checkbox"/> No Use: _____ Occupancy: _____ Const Type: _____ Total Sq Ft _____ No. Stories _____ Occ. Load: _____					TOTAL: _____					

COMMENTS: _____ _____ _____ _____
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