



CITY OF STARBUCK
307 EAST FIFTH STREET | PO BOX 606
STARBUCK, MN 56381-0606
deputyclerk@hcinet.net
 PHONE: 320-239-2525 | FAX: 320-239-2545

RESIDENTIAL BUILDING PERMIT APPLICATION

Site Address: _____
 Starbuck, Minnesota 56381

- 1) **Owner(s):**
 - a) _____ Phone: _____
 - b) _____ Phone: _____
 - 2) Owner Address if different than above or Same as Above

 - 3) Type of improvement (mark all that apply):
 - Window Replacement Reside Reshingle
 - Remodel Deck (must include site plan and construction plans)
 - Other [describe] _____
 - 4) If remodel, describe in detail all work to be done:

 - 5) If residing, describe type of siding:

 - 6) Approximate start date _____
 - 7) Estimated Cost of Project (mat'ls & labor) \$ _____
 - 8) **Contractor Information** Owner [requires disclaimer]
- Individual: _____ Phone: _____
- Business Name: _____ License Number: _____

I hereby certify that I have read and examined the 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 all provisions of any other state or local law regulating construction.

Note: The property owner is responsible for locating all property lines.

 AUTHORIZED SIGNATURE OF OWNER or Contractor

 ZONING ADMINISTRATOR

 BUILDING OFFICIAL

FOR OFFICE USE ONLY

*Permit # _____

- Signed application
- Contact Phone #
- Site Plan
- Plan Sketch
- Specifications (if deck)

Date Received: _____

PID: _____

Lot SF: _____

Lot Coverage Info:

SF: _____

% covered: _____

Zoning Class: _____

*Building Inspector Review:

Plan Check \$ _____

Permit Fee \$ _____

Surcharge \$ _____

TOTAL FEE \$ _____

Owner called for pickup:

Paid on: _____

Receipt #: _____

Check #: _____

Cash

DISTRIBUTION:

- Owner
- Finance
- Permit Book
- Data Entry for County