

# BUILDING PERMIT APPLICATION # \_\_\_\_\_

## New Construction – Commercial/Industrial

CITY OF DUNDAS  
BUILDING INSPECTIONS DEPARTMENT  
216 RAILWAY STREET NORTH, PO BOX 70, DUNDAS, MN 55019  
507-645-2852

JOB SITE ADDRESS \_\_\_\_\_

LOT# \_\_\_\_\_ BLK# \_\_\_\_\_ PID # \_\_\_\_\_

APPLICANT: Owner OR Contractor (Circle One)

OWNER \_\_\_\_\_ PHONE #s \_\_\_\_\_

Street Address \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ PHONE #s \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contractors License # \_\_\_\_\_

TYPE OF WORK (DESCRIBE IN DETAIL): \_\_\_\_\_

VALUATION OF WORK (EXCLUDING LAND) \_\_\_\_\_

NOTE: A survey by a registered surveyor is required for all permit applications in subdivisions platted after January 1, 1997, or as required by the Building Official (this may be waived for minor additions). If a survey is not required, a Plat Plan must be submitted.

Applicant hereby agrees that, upon issuance of this permit, all work shall be done and all materials used shall be in compliance with applicable City, County, and State laws and ordinances. The applicant agrees to abide by all Zoning Regulations and State Building Codes and to use this structure for its permitted use only.

\_\_\_\_\_  
Contractor/Applicants Signature

\_\_\_\_\_  
Date

**Permit shall be null and void if authorized work is not started within 180 days from approved date, or if work is suspended or abandoned for 180 days or more after work is started.**

-----CITY USE ONLY-----

ZONING ADMINISTRATOR: \_\_\_\_\_ REVIEWED \_\_\_\_\_ DENIED \_\_\_\_\_  
*Signature* *Date*

BUILDING OFFICIAL/DESIGNEE \_\_\_\_\_ REVIEWED \_\_\_\_\_ DENIED \_\_\_\_\_  
*Signature* *Date*

Subject to existing regulations and the following conditions \_\_\_\_\_

PERMIT FEES

Building	\$ _____	Water Connection Fee	\$ _____ (to be
Plan Check Fee	\$ _____	Sewer Connection Fee	\$ _____ determined)
Building State Surcharge	\$ _____	Annexation Fee	\$ _____
Plumbing Permit	\$ _____	Erosion Fee *	\$ <u>\$1,500.00*</u>
Mechanical Permit	\$ _____	Meter	\$ _____
Excavation Permit	\$ _____	Other Charges	\$ _____

SUB TOTAL (1) \$ \_\_\_\_\_ SUB TOAL (2) \$ \_\_\_\_\_ + Other \_\_\_\_\_

TOTAL (1) and (2): \$ \_\_\_\_\_ \*(Note: Returnable Fee based on requirements met)