

DATE OF APPLICATION: ____/____/____

PERMIT # _____

Site Address:		P.I.N.:	
Owner Name:		Phone:	
Owner Address (if different from above):		Email:	
BLDG USE			
<input type="checkbox"/> Commercial		<input type="checkbox"/> Residential	
PERMIT TYPE (check all that apply)			
<input type="checkbox"/> Building	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Demolition
CONTRACTOR INFORMATION			
<input type="checkbox"/> Property Owner	Building Contractor Name: Address:	License #: Phone:	
<input type="checkbox"/> Property Owner	Plumbing Contractor Name: Address:	License #: Phone:	
<input type="checkbox"/> Property Owner	Mechanical Contractor Name: Address:	Bond #: Phone:	
Valuation of Work:			
Description of Work:			

RESIDENTIAL ONLY - Square Footage			
UPPER LEVEL	Finished: Unfinished:	MAIN LEVEL	Finished: Unfinished:
BASEMENT	Finished: Unfinished:	GARAGE	Attached: Detached:
DECK:	PORCH:	# of FIREPLACES:	

I hereby apply for a building permit, and I acknowledge that the information included with the application is complete and accurate; that the work will be in conformance with the ordinances of the City of Victoria and with the MN State Building Code.

Applicant Signature: _____ **Date:** ____/____/____

OFFICE USE			
Zoning Specifications:		Building Specifications:	
Front Setback _____	Rear Setback _____	Permit Valuation: _____	
Left Side Setback _____	Right Side Setback _____	Type of Construction: VB	Other _____
Max. % Impervious Surface _____		Occupancy Type: IRC-1	Other _____
Zoning Class R-PUD R-1 R-2 R-3 R-4 Other _____		Fire Suppression: YES	NO
APPROVALS			
Zoning Administrator:		DATE:	
Comments:			
Building Official:		DATE:	
Comments:			