Building Permit Application
Email Applications to bldgpermits@ci.victoria.mn.us

DATE OF APPLICATION: _____/_____/_____   PERMIT # _____

Site Address:	P.I.N.:
Owner Name:	Phone:
Owner Address (if different from above):	Email:

Building Use

❑ Commercial	❑ Residential

Permit Type

❑ Building	❑ Plumbing	❑ Mechanical	❑ Demolition

CONTRACTOR INFORMATION

❑ Property Owner	Building Contractor Name: Address:	License #: Phone:
❑ Property Owner	Plumbing Contractor Name: Address:	License #: Phone:
❑ 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:

Front Setback _____   Rear Setback _____
Left Side Setback _____   Right Side Setback _____
Max. % Impervious Surface _____
Zoning Class   R-PUD   R-1   R-2   R-3   R-4   Other _____

Building Specifications:

Permit Valuation: _____
Type of Construction: VB   Other _____
Occupancy Type: IRC-1   Other _____
Fire Suppression: YES   NO

APPROVALS

ZONING ADMINISTRATOR:	DATE:
Comments:	
BUILDING OFFICIAL APPROVAL:	DATE:
Comments:	

CITY OF VICTORIA

City of Victoria • Building
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Page 2 of 2
Questions? Contact City of Victoria Building at
bldgpermits@ci.victoria.mn.us

Sewer/Water Inspection Sheet

Service Address:	
Parcel #:	
Owner:	Phone #:
Address (if different from above):	
City:	State:	Zip:

Work Type		Inspections
_____ New	_____ Demolish	_____ Rough-In
_____ Addition	_____ Repair	_____ Final
_____ Replace	_____ Alter Remodel	_____ Other
_____ Move		

Size & Type of Sewer Pipe: _____ Size & Type of Water Pipe: _____

Sump Pump Hooked Up: _____ Yes _____ No

Inspected by: _____ Date: _____/_____/_____

Water Meter Worksheet/Plumbing Final Inspection Sheet

Service Address:		
Parcel #:		
_____ Water	_____ Sewer	_____ Water/Sewer

Service Class:

_____ Residential, _____ Commercial, _____ City, _____ Irrigation, _____ HOA Irrigation, _____ Other

Neptune Meter Information:
Meter #: _____ MXU & Serial #: _____

Old Reading: _____ Current Reading: _____

Estimated Reading: _____

Inspected by: _____ Date: _____/_____/_____

Meter Picked Up By: _____ Date: _____/_____/_____

CITY OF VICTORIA

Return form to: City of Victoria, Attn: Building, City of Victoria, 1670 Stieger Lake Lane, PO Box 36, Victoria, MN 55386