



1670 Stieger Lake Lane
 PO Box 36
 Victoria, MN 55386
 P - 952-443-4210
 F - 952-443-2110
 www.ci.victoria.mn.us

BUILDING PERMIT APPLICATION

Permit # _____

Received on:

Save or scan application & supplemental materials and send to bldgpermits@ci.victoria.mn.us

Site Address:		P.I.N	
Owner Name:		Phone:	
Owner Address (if different from above):		Email:	
BUILDING USE		PERMIT TYPE	
Commercial	Residential	Building	Plumbing
		Mechanical	Demolition
CONTRACTOR INFORMATION			
Property Owner	Building Contractor Name:		License #:
	Contractor Address:		Phone:
Property Owner	Plumbing Contractor Name:		License #:
	Contractor Address:		Phone:
Property Owner	Mechanical Contractor Name:		License #:
	Contractor Address:		Phone:
Valuation of Work:			
Description of Work:			
RESIDENTIAL ONLY—Square Footage			
UPPER LEVEL	Finished:	MAIN LEVEL	Finished:
	Unfinished:		Unfinished:
BASEMENT	Finished:	GARAGE	Finished:
	Unfinished:		Unfinished:
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 ONLY							
ZONING SPECIFICATIONS				BUILDING SPECIFICATIONS			
SETBACKS	Front:		PERMIT VALUATION:				
	Rear:		CONSTRUCTION TYPE:		VB	Other	
	Left Side:		OCCUPANCY TYPE:		IRC-1	Other	
	Right Side:		FIRE SUPPRESSION:		Yes	No	
MAXIMUM % IMPERVIOUS SURFACE:							
ZONING CLASS:		R-PUD	R-1	R-2	R-3	R-4	Other:
APPROVALS							
ZONING ADMINISTRATOR:						DATE:	
Comments:							
BUILDING OFFICIAL:						DATE:	
Comments:							

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