

CITY OF CARLTON
 PO BOX 336
 CARLTON, MN 55718
 (218) 384-4229

APPLICATION FOR
 PLAN EXAMINATION
 BUILDING PERMIT

PERMIT NO. _____

IMPORTANT - Applicant complete ALL items. Mark boxes where applicable.

LOCATION OF BUILDING	Street Address _____	Zoning District _____	
	Subdivision _____	Lot _____	Block _____

PROPOSED USE - For 'demolition' most recent use RESIDENTIAL <input type="checkbox"/> One family <input type="checkbox"/> Two family <input type="checkbox"/> Multifamily - No. of units _____ <input type="checkbox"/> Detached garage <input type="checkbox"/> Attached garage <input type="checkbox"/> Transient hotel, motel or dormitory. No. of units _____ <input type="checkbox"/> Other-specify _____	TYPE OF IMPROVEMENT <input type="checkbox"/> New building/structure <input type="checkbox"/> Addition (if residential, enter no. of units if any _____) <input type="checkbox"/> Alteration, Conversion <input type="checkbox"/> Repair, replacement <input type="checkbox"/> Demolition (if residential, enter no. of units _____) <input type="checkbox"/> Foundation Only <input type="checkbox"/> Moving, (relocation)	VALUE (omit cents) Cost of improvement.....\$ _____ Items to be included: a) Plumbing.....\$ _____ b) Heating, A/C.....\$ _____ c) Other (labor, site prep elevator, etc.).....\$ _____ TOTAL COST\$ _____ (Omit cost of electrical- requires permit from State of MN)
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NON-RESIDENTIAL <input type="checkbox"/> Amusement, Recreational <input type="checkbox"/> School <input type="checkbox"/> Church, other religious <input type="checkbox"/> Stores, Mercantile <input type="checkbox"/> Industrial, Manufacturing, Whse <input type="checkbox"/> Restaurant, Lounge <input type="checkbox"/> Service Station. Repair Garage <input type="checkbox"/> Other, Specify _____ <input type="checkbox"/> Hospital, Institutional <input type="checkbox"/> Office, Bank, Professional <input type="checkbox"/> Public Utility	WORK DESCRIPTION (describe in detail proposed use of buildings, and work to be done.) _____ _____ _____ _____
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FOUNDATION <input type="checkbox"/> Poured Concrete <input type="checkbox"/> Concrete block (size, circle 8", 10", 12", other, specify _____) <input type="checkbox"/> Slab on grade <input type="checkbox"/> Wood <input type="checkbox"/> Post/Piers <input type="checkbox"/> Other, specify _____	FRAME <input type="checkbox"/> Masonry (wall bearing) <input type="checkbox"/> Wood frame <input type="checkbox"/> Structural steel <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Other. Specify _____	HEATING FUEL <input type="checkbox"/> Gas/Propane <input type="checkbox"/> Solar <input type="checkbox"/> Oil Other, specify _____ <input type="checkbox"/> Electricity <input type="checkbox"/> Geothermal <input type="checkbox"/> Wood <input type="checkbox"/> Coal	RESIDENTIAL ONLY Number of Bedrooms _____ Number of Bathrooms Full _____ Partial _____
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SEWAGE DISPOSAL <input type="checkbox"/> Public or Private Co. <input type="checkbox"/> Individual (on-site)	WATER SUPPLY <input type="checkbox"/> Public or Private Co. <input type="checkbox"/> Individual Well	OWNERSHIP <input type="checkbox"/> Private (individual, corporation, nonprofit inst., etc) <input type="checkbox"/> Public (Federal, State or Local government.)	MECHANICAL Central Air Conditioning <input type="checkbox"/> Yes <input type="checkbox"/> No Air to Air Heat Exchanger? <input type="checkbox"/> Yes <input type="checkbox"/> No
DIMENSIONS Number of Stories..... _____ Total Sq. ft., based upon exterior dim..... _____ Total land area (sq. ft)..... _____	OFF STREET PARKING Enclosed (number of spaces) _____ Dimensions (L) _____ x (W) _____ Outdoors (number of spaces) _____	CONTRACTOR LICENSE DATA License No. _____ <input type="checkbox"/> Builder <input type="checkbox"/> Remodeler <input type="checkbox"/> Roofing <input type="checkbox"/> Exempt Exemption Certificate No. _____	

IDENTIFICATION		
NAME	MAILING ADDRESS - (NUMBER, STREET, CITY, STATE, ZIP)	PHONE NUMBER
Owner or Lessee		
Contractor		
Architect/Engineer		

I agree on behalf of myself, my contractors, subcontractors, subcontractors, or any other person or persons working for me or with me or in connections with me, whether paid remuneration for work performed or not, to adhere to all the rules, regulations, and conditions set forth in the City of Carlton ordinances; and the rules and regulations of the State of Minnesota Building Code, as adopted by the City.

AUTHORIZED SIGNATURE _____	DATE _____
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VALIDATION		OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE	
BUILDING PERMIT NUMBER _____	BUILDING PERMIT FEE (CITY) \$ _____	BUILDING PERMIT ISSUED _____	STATE SURCHARGE \$ _____
APPROVED BY: _____	PLAN CHECK FEE \$ _____	TITLE: _____	TOTAL FEE \$ _____

COMMENTS:

NAME _____

SITE OR LOT PLAN

Use the grid below to represent your lot or lots on which your present buildings and proposed buildings are located. The following are required:

1. Indicate all existing buildings, and proposed building(s) for which permit is requested. Include building size (dimensions).
2. Indicate distance between buildings, and distance from buildings to lot lines. (Footage
3. should be measured to actual property lines surveyed, and not to the edge of blacktop, alleyways, etc.)
4. If more than one lot, divide grid to show multiple lots. State Lot Numbers and Lot Size(s).

