



*City of Foley*  
 251 - 4<sup>th</sup> Ave N  
 PO Box 709  
 Foley, MN 56329  
 (320) 968-7260

# Building Permit Application

Permit Number \_\_\_\_\_

**Site Address:** \_\_\_\_\_

Legal Description: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owner Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Estimated Construction Start Date:** \_\_\_\_\_ **Estimated Completion Date:** \_\_\_\_\_

**Completed by:** Self  Contractor  Contractor Name: \_\_\_\_\_

Contractor License #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Additional Contractors:** Architect: \_\_\_\_\_ Plumbing: \_\_\_\_\_

Engineer: \_\_\_\_\_ Mechanical: \_\_\_\_\_

Electrical: \_\_\_\_\_ Septic: \_\_\_\_\_

Zoning Classification: \_\_\_\_\_ Variance Required:  Easements: \_\_\_\_\_

**Actual Structure Setbacks**

Front Yard: \_\_\_\_\_ Rear Yard: \_\_\_\_\_ Side Yard (1): \_\_\_\_\_ Side Yard (2): \_\_\_\_\_

**Lot Size**

**Dimensions**

Width: \_\_\_\_\_ Length: \_\_\_\_\_ Corner Lot: yes / no Height: \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_

Type of Construction: \_\_\_\_\_ Fire Suppression System: \_\_\_\_\_

**Occupancy:** Residential / Commercial / Industrial / Accessory **Type of Work:** New / Remodel / Addition / Demolish

**Other:** \_\_\_\_\_ Description of Work: \_\_\_\_\_

I hereby certify that I have read and completed this application to the best of my knowledge and know the same to be true and correct. I attest that all provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other State or local law regulating construction or the performance of construction. This permit becomes null and void if work has not commenced within 180 days.

Value of Work (including labor):	_____
Permit Fee:	_____
Plan Review Fee:	_____
WAC/SAC Charges:	_____
Park / Trunk / Eng.:	_____
State Surcharge:	_____
Total Amount Due:	_____
Paid Check #:	_____

*\*separate permits required for plumbing - mechanical - electrical\**

\_\_\_\_\_  
Contractor / Owner's Name (print)

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Authorized Signature Date

**Inspections must be scheduled at least 24 hours in advance. Thank you!**

**AllSpec Services, LLC**  
 14562 Ronneby Road NE, Foley, MN 56329  
 (320) 293-5298 phone · (320) 387-2703 fax