CITY OF FOLEY

251 - 4th Avenue - Foley, MN 56329 (320) 968-7260

Building Permit Application

		Date: Permit Number: Phone Number:				
						Address (if different from a
Do you have any wells on	Yes		No			
Estimated Construction Start Date:			Estimated Completion Date:			
Contractor:				Contractor Lic	ense #	
Address (include City, State, Zip):			Phone:			
Architect:		Phone:				
Engineer:				Phone:		
Zoning Classification:	Variance R	equired:	Easement	S:		
Actual Structure Setbacks:	Front Yard:	Rear Yard:	Si	de Yard (1):	Side Yard (2):	
Lot Size: Width:	Length:	Corner Lot: Yes	s No	_ Type of Construc	ction	
Dimensions: Height:	Width:	Depth:	Fir	e Suppression Syst	tem:	
Occupancy: Residential	ialIndu	ıstrial	Accessory_	Other		
New Remodel_	Addition	Demoli	sh	Garage: Detache	ed Attached	
Storage Shed	Deck	Porch F	ence	Pool	Lower Level	
Description of Work:						
Electrical Contractor:			Value	of Work (including	labor):	
Plumbing Contractor:			Permit Fee:			
Mechanical Contractor:Septic Installer:			Plan Review Fee:			
I hereby certify that I have read and completed this application to the best				/ SAC Charges:		
of my knowledge and know the all provisions of laws and ordin	same to be true and co	rrect. I attest that	Park / Trunk / Eng.:			
complied with whether specifie	anting of a permit	State Surcharge:				
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.			Total Amount Due: Paid Check #:			
			Contractor / Owner's	Name (Please Print)	•
				AllSno	ec Services	
Signature	Data					

White - City Copy

Date

Date

Signature

Authorized Signature

Yellow - Building Official Copy

Pink - Applicant Copy

14562 Ronneby Road NE, Foley, MN 56329 (320) 293-5298 – phone (320) 387-2703 – fax