Permit No	
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CITY OF ROCKVILLE BUILDING PERMIT APPLICATION

Po Box 93 229 Broadway St E Rockville MN 56369 320-251-5836 Fax 320-240-9620 <u>www.rockvillecity.org</u>

Inspectron Inc.			Rosen 7580 Toll Free: 1	nount MN 550	,	ived by City	
Project Address		Street	City	State/Zip		Property Identification Number	
					Lot:	Block:	
Owner Name		Street	City	State /Zip	Owner Phone	Number	
Contractor's Name		Street	City	State/Zip	Contractors PI	Contractors Phone Number	
Contractor's State License Number (required) Expiration Date					Contractors Fa	Contractors Fax Number	
Brief Project Description					Completed Va	Completed Value (includes labor and materials)	
() Variance Granted	(Council) () Co	nditional Use Granted (Council			
Permit Type						Zoning District	
Notice: Separat septic system. days after the time wo I hereby certify that I type of work will be coprovision of any other permit has been issue	Prof () () () () () () () () () () () () () (vill become nul the work autho enced. xamined this applica ther specified herei aw regulating constitute basis of incorrect	plumbing, heating Il and void if work prized by the perm ation and know the sam in or not. The granting ruction or the performan ct information supplied	() Relocat	onstruction ion er Installation er Maint/Repair ary Structure ment Sign ary Sign and Pool Ground Pool ag the size of opening) tallation, electrica on authorized is not an authorized is not an authorized is not a provisions of I but presume to give author. This building permit may ordinance or regulation	() Rural Residential () R-1 Single Family () R-2 Two Family () R-3 Multiple Family () B-1 Central Business () B-2 General Business () I-1 Light Industrial () I-2 General Industrial () I-2 General Industrial () AG-40 Agricultural District () SP-1 Special Protection Water/Sewer Connection () City Water Connection () City Water Connection () Private Well () Private Septic System I work and installation of a ot commenced within 180 or a period of 180 days aws and ordinances governing this brity to violate or cancel the asy be suspended or revoked if the nof the City of Rockville. Id prior to issuance of the Building	
Signature of Applicant	(Owner or Con	itractor)				Date	
Ву:	uilding Offic	ial	Date:	By:	ing Administrator	Date:	
A MAR			ed to be licensed				
valensewer con 4 24 hour notice	is reanire	to schedule i	inspections-Con	with the City o	T ROCKVIIIE. 320) 250_2601		
a a mount motice			able to City of R	~ ,	Fund Cod	DC •	
Permit Fee:	\$	-	R#	- CONTRACTOR	Permit: 101.41000. WAC: 601.49440.3	32210	
Plan Fee:	\$		Check # _	nighthal dispanyon to med here the grammy blancy pany a	SAC: 602.49490.37		
State Surcharge: NAC/SAC Fee:	\$ \$	man.	Date _		Mechanical/Plumb Stearns Co Record	ing 101.41000.32230 ler: G 101.11500	
Water Meter Fee: Other Fees: Rockville Permit Application	\$	Total \$			911 Addresses: 10	01.43100.32225	