

Building Permit Application for City of Avon

Permit Number: _____

Inspection, Inc.

15120 Chippendale Ave. Suite 202
Rosemount, MN 55068

Main Office: 651-322-6626

Fax Number: 651-322-7580

Toll Free Number: 1-800-322-6153

| | | | | |
|---|----------------|------|--|---------------|
| Project Address | Street | City | State / Zip | Property ID # |
| | | | | |
| Applicant Name | Street Address | | Applicant Phone Number | |
| | | | | |
| City | State | Zip | Applicant E-Mail | |
| | | | | |
| Owner Name | Street | City | State / Zip | |
| | | | | |
| Phone Number | | | | |
| Contractors Name | Street | City | State / Zip | |
| | | | | |
| Contractors State License Number (required) | | | Expiration Date | Phone Number |
| | | | | |
| Brief Project Description | | | Completed Value (includes labor and materials) | |
| | | | | |
| Intended Use | | | | |

Project Information

| Permit Type | Project Proposed Use | Type of Construction | Zoning District | |
|---|--|---|--|--|
| <input type="checkbox"/> Building <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing | <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Agricultural <input type="checkbox"/> Industrial <input type="checkbox"/> Townhouse <input type="checkbox"/> Public <input type="checkbox"/> Multi Family (+5) | <input type="checkbox"/> Accessory Building <input type="checkbox"/> Addition <input type="checkbox"/> Interior Remodel <input type="checkbox"/> Deck/Porch <input type="checkbox"/> Foundation Only <input type="checkbox"/> Siding <input type="checkbox"/> Roofing <input type="checkbox"/> Window Replacement <input type="checkbox"/> Furnace <input type="checkbox"/> New Construction | <input type="checkbox"/> Repair <input type="checkbox"/> Sprinkler Installation <input type="checkbox"/> Sprinkler Maint/Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Fireplace <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Fence/Wall <input type="checkbox"/> Aboveground Pool <input type="checkbox"/> In Ground Pool <input type="checkbox"/> Relocation | <input type="checkbox"/> AG-Agriculture <input type="checkbox"/> RR-Rural Residential <input type="checkbox"/> MXR-Mixed Residential <input type="checkbox"/> CB-Commercial/Business <input type="checkbox"/> CO-Conservancy Overlay <input type="checkbox"/> FO-Flood Plain Overlay <input type="checkbox"/> SO-Shoreline Overlay <input type="checkbox"/> ME-Mineral Extraction |

Notice: Separate permits are required for plumbing, heating, fireplace installation, electrical work and installation of the septic system. The permit shall become null and void unless the work or construction authorized by the permit is commenced within 180 days after its issuance, or if the work authorized by the permit is suspended or abandoned for a period of 180 days after the time the work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. 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 provision of any other State or Local law regulating construction of the performance of construction. This building permit may be suspended or revoked if the permit has been issued in error or on the basis of incorrect information supplied or in violation of any ordinance or regulation of the City of Avon. All permit fees and other costs to review the application that are incurred by the City for professional consultants, will be paid prior to issuance of the Building Permit. Interest will not be paid out on escrow dollars and any interest earned on the account will go into the general account for administration fees.

Signature of Applicant

Date

Make check payable to the City of Avon

Building Permit Approval

By: _____ **Date** _____

Building Official