

**APPLICATION / BUILDING PERMIT**

**CITY OF FRAZEE**

**P.O. Box 387, FRAZEE, MN 56544**

**218-334-4991**

Box 1

For City Use Only:

Box 2

Building Permit No. \_\_\_\_\_

Date Received \_\_\_\_\_

Date Paid \_\_\_\_\_

**Residential (Based on Valuation - Compute on Reverse)**

R1  House or House Addition \$ \_\_\_\_\_

R2  Remodel (Applicant Valuation) \$ \_\_\_\_\_

R3  Attached Garage \$ \_\_\_\_\_

R4  Deck/Porch \$ \_\_\_\_\_

R5  Detached Garage/Shed \$ \_\_\_\_\_  
(includes pole buildings, storage sheds, pre-built sheds)

R6  Modular/Manufactured Home \$ \_\_\_\_\_

**Commercial (Based on state valuation)**

C1  Architect - Required \$ \_\_\_\_\_

C2  Non-Architect (Includes maint. permits) \$ \_\_\_\_\_

**Maintenance - Residential**

Box 3

M1  Mechanical

M2  Reroof

M3  Siding

M4  Windows/Door - Same Size/Smaller

\*\* Enlarged Size - Requires a remodeling permit (R2)

M5  Miscellaneous Repair

**Demolition (Asbestos inspection and lab fees not included)**

D1  Residential

D2  Commercial

**Please print:**

Box 4

Job Site Address \_\_\_\_\_

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

Owner's Telephone Number \_\_\_\_\_

Contractor Name \_\_\_\_\_ License No. \_\_\_\_\_

Contractor Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Parcel Number \_\_\_\_\_

Legal Description \_\_\_\_\_

Description of Proposed Work \_\_\_\_\_

Use of Structure \_\_\_\_\_

**Applicant's Valuation of Work**

This permit becomes null and void if work or construction authorized is not commenced within six (6) months, or if construction or work is suspended or abandoned for a period of six (6) months at any time after work is commenced. Application for permit shall be accompanied by two complete sets of plans. Building permit card shall be posted in an easily accessible location at the job site during construction for the Building Official to sign off as inspections are completed. No part of any building area authorized by this permit may be occupied until final inspection and issuance of a Certificate of Occupancy (if applicable) by the Building Official. DO NOT BEGIN CONSTRUCTION UNTIL THIS PERMIT HAS BEEN VALIDATED AND BUILDING SETBACK LINES HAVE BEEN APPROVED BY THE ZONING ADMINISTRATOR.

Printed Name of Applicant: \_\_\_\_\_

**NOTE: TWO SETS OF PLANS ARE REQUIRED WITH YOUR BUILDING PERMIT APPLICATION.**

Signature of Applicant: \_\_\_\_\_

**The issuance of this permit does not initiate an automatic inspection request. It shall be the duty of the permit holder or their agent to notify the building official that such work is ready for inspection (See IRC Sec. 109.3 and IBC Sec. 109.5).**

**CITY ZONING USE ONLY**

Box 5

Zoning District	_____	Floor Area Ratio	_____
Property Dimension	_____	Front Setback	_____
Property Area	_____	Rear Setback	_____
Building Area	_____	Side Setbacks	_____
Lot Coverage	_____	Building Height	_____

It is hereby certified that this proposed project meets zoning requirements for the City of Frazee.

\_\_\_\_\_  
Zoning Approval Signature Date

**CALCULATED VALUATION** \$ \_\_\_\_\_

Box 6

**BUILDING PERMIT CHARGES**

Permit Fee	\$ _____
Surcharge	\$ _____
<b>TOTAL FEE</b>	<b>\$ _____</b>

**CITY CHARGES**

Zoning Check	\$ _____
Water Connect	\$ _____
Sewer Connect	\$ _____
Meter Charge	\$ _____
Miscellaneous	\$ _____
<b>CITY CHARGES</b>	<b>\$ _____</b>

**TOTAL SUM OF CHARGES** \$ \_\_\_\_\_

APPROVED FOR ISSUANCE BY: \_\_\_\_\_  
Signature of Building Official Date

Box 7

Building Official Notes/Special Conditions: \_\_\_\_\_

Type of Construction \_\_\_\_\_ Occupancy Class \_\_\_\_\_

**For inspections, please contact:**  
**City of Frazee, 222 Main Ave W, Frazee, MN 56544**  
**Phone: 218-334-4991 Fax: 218-334-4992**