

**CITY OF SOUTH HAVEN
PERMIT APPLICATION**

BUILDING PERMIT # _____

Applicant to complete this area including signature & Builder Information:

SITE ADDRESS _____

DATE _____

LEGAL DESCRIPTION

Lot: _____

Block: _____

Addition: _____

Property I.D.# _____

OWNER

Name / Address / City / State / Zip / Daytime Telephone _____

TYPE OF WORK

Commercial Residential

New Construction

Deck

Demolition

Finish Basement

Accessory Structure

Fence

Remodel

Pool

Shed

**ESTIMATED VALUE
OF WORK TO BE PERFORMED**

Addition

Re-Roof

Plumbing

Garage - Attached

Re-Side

Mechanical

Garage - Detached

Window Replacement

Misc Other _____

SPECIAL CONDITIONS OF PERMIT:

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative is required and authorizes the City of South Haven Zoning Administrator or designee and the City of South Haven Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice.

I hereby acknowledge that I have read this application and state that all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with approved plans, specifications and conditions, and to abide by all of the ordinances of the City and the Laws of the State of Minnesota regarding actions taken pursuant to this permit. I agree to pay all plan review fees even if I choose not to proceed with the work.

Permit expires when building and work is not commenced within 180 days from date of Permit issued, or if building and work suspended, abandoned or not inspected for 180 days.

SIGNATURE OF APPLICANT: _____

DATE: _____

BUILDER INFORMATION

BUILDER

Name / Address / City / State / Zip / Daytime Telephone _____

Contractors License No. _____

ARCHITECT

Name / Address / City / State / Zip / Daytime Telephone _____

From Here Forward Office Use Only:

SETBACKS

PERMIT VALUATION:

ACTUAL: Front _____

Rear _____

Side _____

Side _____

REQUIRED: Front _____

Rear _____

Side _____

Side _____

OCCUPANCY TYPE: _____

TYPE OF CONSTRUCTION: _____

CODE USED: IRC IBC OTHER: _____

SPRINKLED BUILDING: YES / NO

Permit Fee: \$ _____
 Plan Check Fee: \$ _____
 State Surcharge: \$ _____
 Site Inspection Fee: \$ _____
 Plumbing Fee: \$ _____
 Mechanical Fee: \$ _____
 SE/WA Fee: \$ _____
 S.E.C. Fee: \$ _____
 Other: \$ _____

Park Ded: \$ _____
 SAC Charge: \$ _____
 WAC Charge: \$ _____
 Sewer Hook-Up: \$ _____
 Water Hook-Up: \$ _____
 Water Meter: \$ _____
 Sewer Trunk: \$ _____
 Water Trunk: \$ _____
 City Fee: \$ _____
 Other: \$ _____

Paid _____ Receipt No. _____
 Date _____ By _____

TOTAL DUE: \$ _____

BUILDING OFFICIAL APPROVAL BY: _____

DATE: _____

ADMINISTRATOR/CLERK/PLANNER
ZONING ADMINISTRATOR: _____

DATE: _____