

**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 <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	<input type="checkbox"/> New Construction	<input type="checkbox"/> Deck	<input type="checkbox"/> Demolition
	<input type="checkbox"/> Finish Basement	<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Fence
ESTIMATED VALUE OF WORK TO BE PERFORMED	<input type="checkbox"/> Remodel	<input type="checkbox"/> Pool	<input type="checkbox"/> Shed
	<input type="checkbox"/> Addition	<input type="checkbox"/> Re-Roof	<input type="checkbox"/> Plumbing
	<input type="checkbox"/> Garage - Attached	<input type="checkbox"/> Re-Side	<input type="checkbox"/> Mechanical
	<input type="checkbox"/> Garage - Detached	<input type="checkbox"/> Window Replacement	<input type="checkbox"/> 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: \$ _____	Park Ded: \$ _____
Plan Check Fee: \$ _____	SAC Charge: \$ _____
State Surcharge: \$ _____	WAC Charge: \$ _____
Site Inspection Fee: \$ _____	Sewer Hook-Up: \$ _____
Plumbing Fee: \$ _____	Water Hook-Up: \$ _____
Mechanical Fee: \$ _____	Water Meter: \$ _____
SEWA Fee: \$ _____	Sewer Trunk: \$ _____
S.E.C. Fee: \$ _____	Water Trunk: \$ _____
Other: \$ _____	City Fee: \$ _____
	Other: \$ _____

Paid _____ Receipt No. _____ TOTAL DUE: \$ _____
Date _____ By _____

BUILDING OFFICIAL APPROVAL BY: _____ DATE: _____

ADMINISTRATOR/CLERK/PLANNER _____ DATE: _____
ZONING ADMINISTRATOR: _____