



City of Chaska Application for Building Permit



Today's Date: _____ Permit Number: _____

1. Lot: _____ Block: _____ Addition: _____ P.I.D.: _____

Site Address: _____

2. Owner: _____
(Name)

(Address) (City) (State) (Zip) (Phone)

3. Contractor: _____
(Name) (Email) (Phone)

(Address) (City) (State) (Zip) (Fax)

4. Class of Work: New Addition Alteration Repair Move Remove

5. Describe Work: _____

6. Declared Value: _____ 7. Starting Date: _____

8. Bldg. Dept. Est.: _____
(Determined by City)

9. Materials Filed with Application: Two sets of Plans: Certified Survey (Res.): Site Plan (Comm.):
Energy Calculations: Ventilation Forms (Res.):

10. Special Conditions: _____

11. Contractor License #: _____ Lead Certification #: _____

I hereby certify that I have read and examined this application and know the same to be true and correct. I further certify that I am the owner or authorized agent of the owner of the above property and that all construction will conform with existing State laws, local ordinances, and approved plans. Further, I hereby agree that the Chaska Zoning Administrator or his/her designated representative may enter upon my property to investigate this request.

PRINT NAME: _____

SIGNATURE: _____ DATED: _____

of: Contractor, Authorized Agent, Owner, or Builder

For City of Chaska Use Only

Occupancy Group: A B E F H I M R S U I.R.C. Division: 1 2 3 4 A & A

PERMIT FEE SCHEDULE:

Permit Fee.....\$ _____
Surcharge.....\$ _____
Plan Checking Fee.....\$ _____
Site Fee.....\$ _____
Penalty.....\$ _____
Other.....\$ _____
TOTAL PERMIT FEE.....\$ _____

TOTAL PERMIT FEE BROUGHT FORWARD.....\$ _____
SAC.....\$ _____
Sewer Tap Fee.....\$ _____
Sewer Hook-up.....\$ _____
Water Hook-up.....\$ _____
Water Tap.....\$ _____
On-site Sewer Charge.....\$ _____

TOTAL DUE: \$ _____

Plans Checked By:

Approved for Issuance By:

(Initials)

(Date)

(Initials)

(Date)

Paid by: <input type="checkbox"/> Check <input type="checkbox"/> Cash	Accepted by: _____ Dated: _____
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