



BALDWIN TOWNSHIP

30239 128<sup>th</sup> Street, Princeton MN 55371



# Building Application

Permit # \_\_\_\_\_

**Submit Applications to: [Permits@rumrivercc.com](mailto:Permits@rumrivercc.com) Scheduling: 763-331-7722**

This Application becomes a **Numbered Permit** after the review is complete and payment of fees.

Work is **not** to begin prior to issuance. All information is required and must be completed.

Site Address \_\_\_\_\_ Property ID # \_\_\_\_\_

Property Owner Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Applicant: Contractor OR Owner ~ Is this rental property? Yes No ~ Commercial Residential

Contractor Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Contractor State License # \_\_\_\_\_ Verified by office staff \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

	<b>Accessory Building</b>	<b>Addition</b>	<b>Alteration/Remodel</b>
	<b>Basement Finish</b>	<b>Deck</b>	<b>Other</b>

Valuation (Labor & Materials) \$ \_\_\_\_\_

**Project Description** \_\_\_\_\_

*The undersigned acknowledges the above information is correct and accepts responsibility for compliance with all applicable laws and ordinances of the ruling jurisdiction.*

**Applicant Signature** \_\_\_\_\_

I am submitting all required supplemental sheets and supporting documents:

**Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_

### **\*Office Use Only\***

Date **all** required information was received: \_\_\_\_\_

#### **Approvals:**

Building \_\_\_\_\_ Date \_\_\_\_\_

Zoning \_\_\_\_\_ Date \_\_\_\_\_

Engineering \_\_\_\_\_ Date \_\_\_\_\_

Fire \_\_\_\_\_ Date \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_

Plan Review Fee \$ \_\_\_\_\_

Zoning Fee \$ \_\_\_\_\_

SAC Fee \$ \_\_\_\_\_

WAC Fee \$ \_\_\_\_\_

Surcharge Fee \$ \_\_\_\_\_

**Total Fee \$** \_\_\_\_\_

#### **Payment Info:**

Payment received by \_\_\_\_\_

Cash \_\_\_\_\_ Ck # \_\_\_\_\_ Last 4 CC# \_\_\_\_\_

Receipt #: \_\_\_\_\_ Date \_\_\_\_\_