



Interior Renovations Building Permit Application

PLEASE PRINT CLEARLY

Date: _____ Type: Residential Commercial

The Applicant Is: Owner Contractor Architect

Site Information:

Address: _____
 City: _____ State: _____ Zip Code: _____

Legal Description:

Subdivision _____ Lot _____ Block _____ PID _____

Property Owner:

Name: _____
 Contact Person: _____
 Phone: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

Contractor:

Company Name: _____
 License / Bond: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact Person: _____
 Phone: _____ Cell: _____

Describe Work:

Total Job Valuation \$: _____

- This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.
- I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

City Use Only
Permit #:
Date:
Permit Fee:
Plan Check Fee:
Investigative Fee:
Plumbing Fee:
Mechanical Fee:
Fireplace Fee:
Water Access Charge:
Sewer Access Charge:
Water Meter Fee:
Lawn Escrow:
Water / Sewer Install:
Other:
Other:
LUP Refund:
Surcharge Fee:
Total:

Signature of Contractor/ Responsible Party _____ Print Name _____ Date _____
 Approved by Building Inspector / Signature _____ Print Name _____ Date _____

**** BUILDING PERMITS
WILL BE PAID FOR AT
PICK-UP****

Payment Information / Receipt

Payment Type: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Card	Date: _____	Total Due: _____
Paid By: _____	Total Amount Paid: _____	

Check #: _____

STAFF USE ONLY

Date Submitted

Code Analysis

Type of Construction	
Use of Building	
Occupancy Group	
Occupancy Load	

<input type="checkbox"/> Owner Verified	<input type="checkbox"/> PID Number on Permit
<input type="checkbox"/> Signed by applicant	<input type="checkbox"/> Business License Verified
	<input type="checkbox"/> Complete

Electronic Copies

Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location:	

Required Review Signatures

City Planner Signature

Date

- Approved
- Denied
- Needs more Info

Application Complete

Date

PERMIT CHECKLIST

This checklist does not contain all of the requirements of the Minnesota State Building Code or City of Becker Ordinances.

To facilitate your project and the permit process please make sure all components of the application are **completed** prior to submittal. Permitting time will depend on the complexity of the work and the completeness of the document submittals. Please allow up to **three weeks** for review and issuance of the permit. If you have questions or concerns regarding building code, Metro West (763-684-0383) will be happy to speak with you to answer questions.

The following is a list of required documents due at the time of submittal. To avoid delay, carefully read all instructions and check each box as you complete, attaching each document. Your application is not deemed complete until all of the following items have been received!

- Electrical Permits (if required) are given by a state electrical inspector**
- Building Permit Application**
- Two (2) paper sets of building plans drawn to scale (see 1.1 for example)**
- Electronic submission of all documents larger than 8.5"x11" to permits@ci.becker.mn.us.**
 - The subject line of the email shall include the Property Address / PID # and Builder Name
- Other documentation and information requested by the City and reasonably necessary for adequate review and evaluation of the proposed activity for which the building permit is being requested.**
- ❖ Information on building permits is presumed public. If you believe information on your permit should be protected non-public, you must provide documentation to support this assertion.
- ❖ Once the building permit application has been submitted, the applicant shall be responsible for 100% of the plan review fee. Plan Review fees are non-refundable.
- ❖ Refunds are only given for all other permit fees prior to any work being done on a project. No refunds will be issued once any work commences on a project and at no time after, in perpetuity, shall any refunds be issued. Refund requests must be submitted by the original applicant, in writing.
- ❖ Reissuance of an Expired Permit will require 50% of the building permit fee (plus plan review fee, if changes have been made to the original plans).

Please sign here certifying you have read the building permit and attached all required documents

Signature

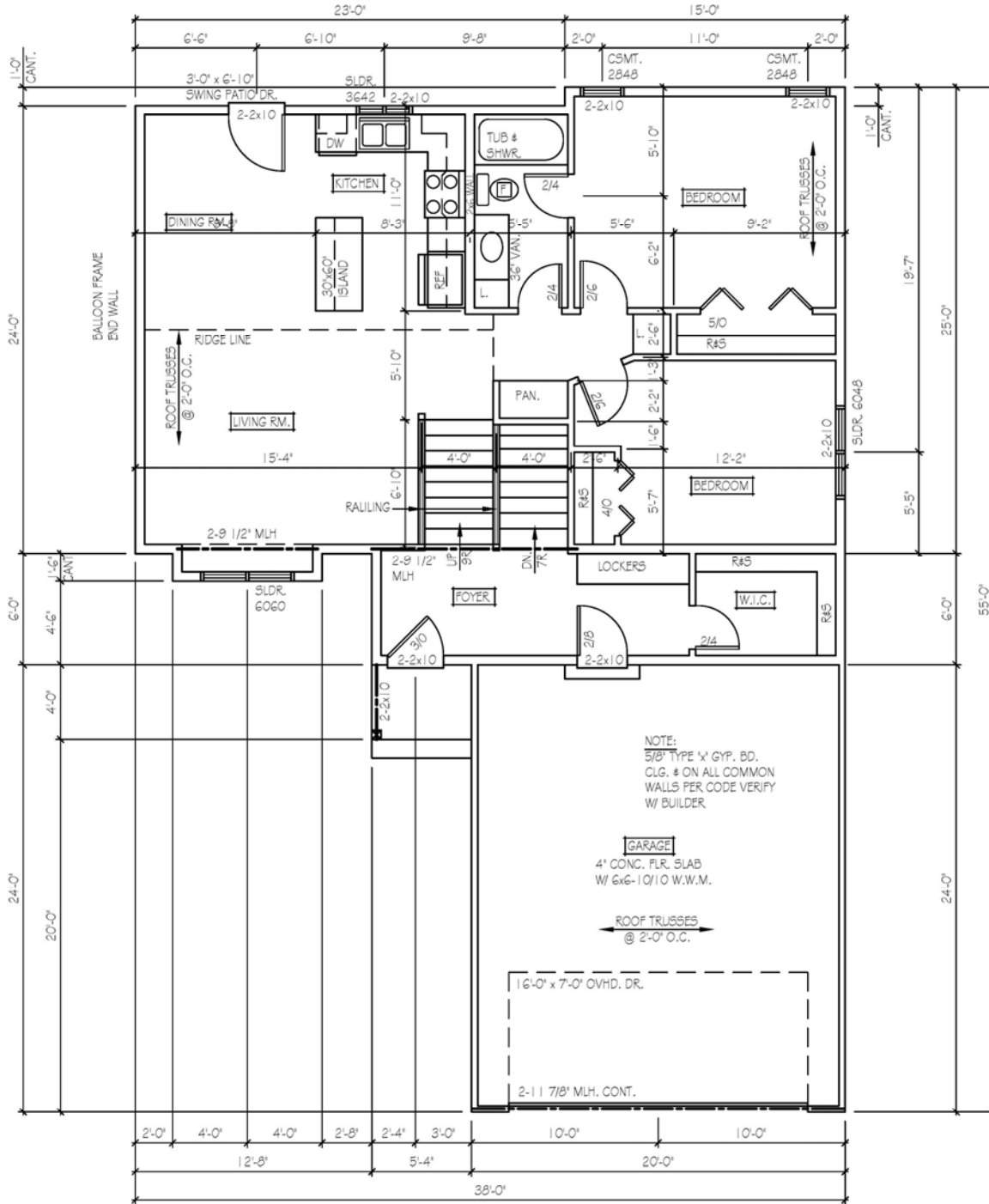
Date

Submit completed building permit applications to:
City of Becker, 12060 Sherburne Ave SE, Becker MN 55308
Contact the City of Becker with any questions at (763) 200-4239
Hours: Monday – Friday, 8:00AM – 4:30PM

I.I – SAMPLE BUILDING PLAN

(Plans do not need to be professionally or computer drawn (although recommended) but **MUST!** be drawn to scale)

(The following drawing does not show all requirements for building plans. Consult with Building Inspector or Contractor before submitting to make sure you have shown all required elements)



- NOTES:**
- 1) HEADERS AT EXTERIOR DOORS & WINDOWS TO BE SIZED BY SUPPLIER
 - 2) SMOKE DETECTORS AS REQ'D PER CODE
 - 3) SLIDER WINDOWS (UNIT SIZES INDICATED IN INCHES)- VERIFY WINDOW MANUF. W/ BUILDER