



Building Permit Application

SE Building Inspections

507-356-8709

pineislandbldg.insp@gmail.com

(for inquiries only)

CITY OF PINE ISLAND

250 South Main St - PO Box 280

Pine Island, MN 55963

www.pineislandmn.com

Phone: (507) 356-4591 / Fax: (507) 356-8230

Permit No. _____

Permit Issued/Date _____

Fee Paid/Date _____

1. Application Date	2. Site Address	
3. Property Information		
Section _____	Lot _____	Block _____
Addition _____	Plat # _____	Parcel ID _____
4. Owner Name (check preferred method of contact)		Telephone No.
Address		
Email		
5. Contractor Name (check preferred method of contact)		License No.
Address		
Telephone No.	Email	
6. Architect Name		Telephone No.
Email		
7. Describe type of work:		
8. Project Valuation	9. Completion Date	10. No. of Stories
11. Size of Building (WxDxH)		12. Property Dimensions
13. Elevation in Relation to Curb or	14. No. of Families (if applicable)	15. Property Area/Acres
16. Floor Area Apportionment		
Total Sq. Ft.	Use	Area (sqft)
_____	_____	_____
_____	_____	_____
_____	_____	_____

FEES
Permit Fee _____
Plan Check Fee _____
Penalty Fee _____
Zoning Fee _____
Engineering Fees _____
Park Equipment Fee _____
Culvert Fee _____
Septic Fee _____
Water Fee _____
Water Meter Fee _____
Sewer Fee _____
Surcharge Fee _____
Others _____
Total Fee _____
Material to be Filed with Application
2 Full Size Copies of:
<input type="radio"/> Site Plan <input type="radio"/> Construction Plans
<input type="radio"/> Energy Calculations
<input type="radio"/> Soils Report if Applicable
Basic Code Analysis
Type of Const. _____
Use of Bldg. _____
Occupancy Group _____
Occupant Load _____
Zoning District _____
Variance Granted Date _____
CUP Granted Date _____
Off Street Parking
Spaces Required _____
Spaces on Plan _____
Fire Sprinkler System
<input type="radio"/> Yes <input type="radio"/> No
Special Approvals
Fire Dept. _____
Health Dept. _____
Public Works _____
County _____
Others _____

Please Continue onto the Next Page

17. Sub-Contractors	Name	MN License #	Telephone No.
Foundation	_____	_____	_____
Plumbing	_____	_____	_____
Mechanical	_____	_____	_____
Fire Suppression	_____	_____	_____

Tennessee Warning

(Data Practices Advisory: MN Statute §13.04)

This information is required for permit processing and record keeping. Failure to provide all applicable information may result in the denial of your permit application. Others who may have legal access to the data: supervisors, management, administrators, building officials, and other individuals within the entity that have a need to know; your authorized representative; attorneys representing any of the above individuals or entities; municipal, county, state and federal agencies and government; and any other person or entity authorized by law or court order.

Acknowledgment and Signature:

The undersigned hereby agrees that, in case such the permit is granted, that all work which shall be done and all materials which shall be used, shall comply with the plans and specifications therefor herewith submitted and with all of the ordinances of the City of Pine Island and MN State Building Codes applicable thereto. The undersigned also agrees that building permits become invalid and can be revoked unless work authorized by the permit is commenced within 180 days after issuance or if work authorized by the permit is suspended or abandoned for a period of 180 days after the time work has commenced per MN State Building Code 1300.0120.

Signature of Applicant or Contractor	Approved by Building Official

Staff Use Only

Date Received: _____

Received By: _____

Documents Received: _____
