

# City of Hastings

## Department of Building Safety

101 4<sup>th</sup> Street East, Hastings, MN 55033

p. 651-480-2342 f. 651-437-1654

www.ci.hastings.mn.us

### Building Permit Application

Owner Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contractor: \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Class of Work (check one):

new construction     addition     remodel alteration     Other

Description of Work: \_\_\_\_\_

Valuation (including labor): \_\_\_\_\_

#### Construction Data:

Setbacks	Dwelling (sq. ft.)	sq. ft.	(sq. ft.)
Front _____	Finished Basement _____	Garage _____	Shed _____
Right Side _____	Unfinished basement _____	Porch _____	Other _____
Left Side _____	1st Floor _____	Deck _____	No. of fireplaces _____
Rear _____	2nd Floor _____	Height _____	

The undersigned acknowledges that he/she has read this application and the above information is correct and accurate. Applicant also understands by signing this application that he/she could be held responsible as representative of this project for any violation of compliance with all applicable laws and ordinances of the City of Hastings.

Signature of Applicant or Authorized Agent \_\_\_\_\_

Date \_\_\_\_\_

**NOTICE:** This is an application only. Permit will be issued after City approval and payment of fees.

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

App Accepted by \_\_\_\_\_

Date \_\_\_\_\_

Zoning \_\_\_\_\_

Bldg Approval \_\_\_\_\_

Cont Lic # \_\_\_\_\_

Erosion Control \_\_\_\_\_

Plan Approval \_\_\_\_\_

Occupancy \_\_\_\_\_

Sprinklered \_\_\_\_\_ Y \_\_\_\_\_ N

Eng. Approval \_\_\_\_\_

Type of Const \_\_\_\_\_

F.M. Approval \_\_\_\_\_

# of Stories \_\_\_\_\_

Approval to Issue by: \_\_\_\_\_

Special Conditions: \_\_\_\_\_

Date Approved \_\_\_\_\_