

CITY OF CHANHASSEN
PERMIT APPLICATION

BUILD ZONE FIRE ENG

7700 MARKET BLVD ♦ PO BOX 147 ♦ CHANHASSEN, MN 55317
 Phone: 952-227-1180 Fax: 952-227-1190 Web: www.ci.chanhassen.mn.us

Please Type or Print. Complete Sections A & F and either Sections B, C, D or E

A GENERAL INFORMATION

Site Address: _____

Property Owner: _____ Contact Person: _____
 Address: _____ Phone: _____
 E-Mail: _____

Contractor/Applicant: _____ Contact Person: _____
 Address: _____ Phone: _____
 E-Mail: _____

City: _____ State: _____ Zip: _____
 License Number: _____ Type: _____ Expiration Date: _____

Lot: _____ Block: _____ Subdivision: _____
 Parcel Identification Number: _____ Zoning District: _____

Variance required: Yes No Planning Dept. Case Number: _____
 Is there a wetland within 75' of any property lines? Yes No
 Is the property in a floodplain? Yes No If YES, Complete Certificate of Compliance for Authorized Floodplain Development.
 Sewer Available: Yes No City Water Available: Yes No

***** RENOVATION, REMODEL, RESIDE, REROOF AND WINDOW REPLACEMENT:*****
 Year Structure Was Built: _____ Licensee Lead Certificate Number: _____

F SIGNATURE

THIS IS AN APPLICATION FOR A PERMIT. IT IS NOT THE ACTUAL PERMIT.
 THE UNDERSIGNED STATES THE INFORMATION PROVIDED IS ACCURATE AND HEREBY AGREES TO DO ALL WORK IN ACCORDANCE WITH THE CHANHASSEN CITY CODE AND THE MINNESOTA STATE LAWS REGULATING BUILDING CONSTRUCTION

NAME: _____ COMPANY: _____
PLEASE PRINT OR TYPE

SIGNATURE: _____ DATE: _____
 PHONE (HOME): _____ E-MAIL: _____
 (WORK): _____ (CELL): _____ (FAX): _____

SIGNER MUST BE CONTRACTOR, CONTRACTOR'S AGENT OR EMPLOYEE
ALL ESCROW FEES WILL BE REFUNDED TO THE CONTRACTOR/APPLICANT

G APPROVALS

- ♦Route Applications in the Order Below:
- ♦Park & Rec to Review Commercial Only

♦OFFICE USE ONLY♦

DATE RECEIVED

INSPECTIONS: _____
 date: _____
 PLANNING: _____
 date: _____
 FINANCE: _____
 date: _____
 ENGINEERING: _____
 date: _____
 PARK & REC: _____
 date: _____
 FIRE MARSHAL: _____
 date: _____

H FEES

VALUATION \$ _____

Permit Fee ----- _____
 Plan Review Fee ----- _____
 State Surcharge ----- _____
 SAC Fee-(____units) -- _____
 Sewer Surcharge ----- _____
 Park Dedication Fee----- _____
 Trunk Water Hookup ---- _____
 Trunk Sewer Hookup ---- _____
 Water Meter----- _____
 *Erosion Control Escrow-- _____
 _____ -- _____
 _____ -- _____
 _____ -- _____
TOTAL----- _____

B ONE & TWO FAMILY DWELLING

Dwelling Square Footage:

<i>1st Level (basement)</i>	<i>2nd Level</i>	<i>3rd Level</i>	<i>4th Level</i>	<i>Total</i>
Finished _____	Finished _____	Finished _____	Finished _____	Finished _____
Unfinished _____	Unfinished _____	Unfinished _____	Unfinished _____	Unfinished _____

Garage Square Footage: _____ Attached _____ Detached _____ Tuck Under _____

HVAC System: Oil Gas Electric Forced Air Hot Water A/C Mechanical Ventilation

Number of Baths: Full _____ ¾ _____ ½ _____ Number of Bedrooms _____ Number Future Bedrooms _____

Number of Fireplaces: Masonry _____ Manufactured _____ Other _____

Deck - Sq. Footage _____ 3 Season Porch - Sq. Footage _____ Screen Porch - Sq. Footage _____

Value of Dwelling EXCLUDING Land: _____**C COMMERCIAL AND INDUSTRIAL**

Occupant/Tenant: _____ Contact Person: _____

Current Address: _____

Phone (H): _____ (W): _____ E-Mail: _____

City: _____ State: _____ Zip: _____

New Alter Repair Addition Other Square Footage: _____ Construction Type: _____

Location in Building: _____ Proposed Use: _____

Description of Work: _____

Sprinklered: Yes No Occupancy Classification(s): _____HVAC System: Gas Oil Electric A/C Forced Air Space Heat Hot Water Steam Land Value: _____ Acreage: _____ **Value of Improvement:** _____**SEE COMMERCIAL PERMIT REQUIREMENTS CHECKLIST FOR ADDITIONAL SUBMITTAL REQUIREMENTS****D TENANT IMPROVEMENTS**

Occupant/Tenant: _____ Contact Person: _____

Current Address: _____ Phone (H): _____ (W): _____

City: _____ State: _____ Zip: _____

Building Manager: _____ Contact Person: _____

Address: _____

Phone (H): _____ (W): _____ E-Mail: _____

City: _____ State: _____ Zip: _____

New Alter Repair Square Footage: _____ Construction Type: _____ Occupancy Classification(s) _____

Location in Building: _____ Proposed Use: _____

Description of Work: _____

HVAC System: Gas Oil Electric A/C Forced Air Hot Water Sprinklered: Yes No

Adjoining Tenants:

Name: _____ Address: _____ Occupancy Classification: _____

Name: _____ Address: _____ Occupancy Classification: _____

Proposed Use: _____

Value of Improvement: _____**SEE COMMERCIAL PERMIT REQUIREMENTS CHECKLIST FOR ADDITIONAL SUBMITTAL REQUIREMENTS****E OTHER IMPROVEMENTS**

Occupant/Tenant: _____ Contact Person: _____

Phone (H): _____ (W): _____

Addition Basement Finish Deck Demolition Fence Fireplace Grading Pool Remodel Repair Reroof Reside Shed UST Installation/Removal Other **Year home was built** _____

Explain: _____

Square Footage: _____ Dimensions: _____ **Value of Improvement:** _____

**CITY OF CHANHASSEN
HARDCOVER CALCULATION WORKSHEET
EXISTING & PROPOSED HARDCOVER**

ADDRESS: _____

A. HOUSE	_____	X	_____	=	_____	S.F.
	_____	X	_____	=	_____	S.F.
	_____	X	_____	=	_____	S.F.
	_____	X	_____	=	_____	S.F.
	_____	X	_____	=	_____	S.F.

B. GARAGE	_____	X	_____	=	_____	S.F.
	_____	X	_____	=	_____	S.F.

C. DRIVEWAY	_____	X	_____	=	_____	S.F.
	_____	X	_____	=	_____	S.F.

D. SIDEWALKS	_____	X	_____	=	_____	S.F.
	_____	X	_____	=	_____	S.F.

E. PATIO	_____	X	_____	=	_____	S.F.
	_____	X	_____	=	_____	S.F.

F. OTHER	_____	X	_____	=	_____	S.F.
(ex: shed)	_____	X	_____	=	_____	S.F.
	_____	X	_____	=	_____	S.F.

TOTAL HARDCOVER: _____ S.F.
TOTAL LOT SIZE: _____ S.F.
HARDCOVER PERCENTAGE: _____ %
MAXIMUM % ALLOWABLE: _____ %

APPROVED BY: _____ DATE: _____

COMMENTS: _____

