

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: _____

Contractor/Applicant: _____ Contact Person: _____
Address: _____ Phone: _____
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

◆◆◆COMPLETE APPLICABLE SECTION ON REVERSE◆◆◆

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): _____
(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◆

INSPECTIONS: _____
date: _____

PLANNING: _____
date: _____

FINANCE: _____
date: _____

ENGINEERING: _____
date: _____

PARK & REC: _____
date: _____

FIRE MARSHAL: _____
date: _____

DATE RECEIVED

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----- _____

◆RETURN TO INSPECTIONS WHEN COMPLETED◆

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 _____ $\frac{3}{4}$ _____ $\frac{1}{2}$ _____ 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): _____

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): _____

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:** _____