

# City of Royalton

12 N. Birch St. PO Box 276  
Royalton MN 56373  
320-584-5900  
rhofstad@cityofroyaltonmn.gov

Date Submitted: \_\_\_\_\_  
Permit Number: \_\_\_\_\_  
Date Issued: \_\_\_\_\_  
Date Picked Up: \_\_\_\_\_

## Building Permit Application

**Contractor's License #:** \_\_\_\_\_  
**Site Address:** \_\_\_\_\_  
**Parcel Number:** \_\_\_\_\_  
**Owner (Name)(Address)(Phone #):** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Architect (Name)(Address)(Phone #):** \_\_\_\_\_  
**Builder (Name)(Address)(Phone #):** \_\_\_\_\_  
**Lead Certification: Pre-1978 Home?**  Yes  No  
**Homeowner doing work?**  Yes  No  
**Contractor Certification #:** \_\_\_\_\_

**Type of Work:**  Fireplace  Heating  Plumbing  Roofing  
 Siding  New Construction  Garage  Basement Finish  
 Alterations  Addition  Septic  Porch  Misc. \_\_\_\_\_

**Size of Structure: Height** \_\_\_\_\_ **Width** \_\_\_\_\_ **Depth** \_\_\_\_\_  
**Number of Stories:** \_\_\_\_\_ **Estimated Value:** \_\_\_\_\_

**Completion Date:** \_\_\_\_\_  
**Description of Work:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Minnesota State Building Code 1300.0210 Subp. 4. states; the person doing the work authorized by a permit shall notify the building official that the work is ready for inspection. Minnesota State Building Code 1300.0120 Subp. 11; Expiration: Every permit issued shall become invalid unless the work authorized by the permit is commenced within 180 days after issuance, or if the work authorized by the permit is suspended or abandoned for a period of 180 days after the time the 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.

Applicant Signature: \_\_\_\_\_  
Approved by Building Official: \_\_\_\_\_

### FOR OFFICE USE ONLY

**Taxes Paid**  Yes  No

**FEES**  
**Permit Fee** \_\_\_\_\_  
**Plan Check Fee** \_\_\_\_\_  
**Penalty Fee** \_\_\_\_\_  
**Plumbing Fee** \_\_\_\_\_  
**Mechanical Fee** \_\_\_\_\_  
**State Surcharge Fee** \_\_\_\_\_  
**Other Fees** \_\_\_\_\_  
**Total Fees** \_\_\_\_\_  
**Fee Paid Check #** \_\_\_\_\_  
**Receipt #** \_\_\_\_\_

**CODE ANALYSIS**  
**Type of Construction** \_\_\_\_\_  
**Use of Building** \_\_\_\_\_  
**Occupancy Group** \_\_\_\_\_  
**Occupant Load** \_\_\_\_\_

**Plan & Specs**  Sets \_\_\_\_\_  
**Survey**  Copies \_\_\_\_\_  
**Energy Calculations**

**FIRE SPRINKLER REQUIRED**  
 Yes  No

### Plumbing Contractor

**License #:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_

### Mechanical Contractor

**License #:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_

**NOTES:**  
\_\_\_\_\_  
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\_\_\_\_\_