

CITY OF NORTH OAKS BUILDING PERMIT NO. _____

JOB ADDRESS: North Oaks, MN 55127

OWNER	MAIL ADDRESS, if different than job site	Owner Contact Numbers
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Contractor Name:				Contractor Contact Numbers
LICENSE # Staff Verified:	Contractor Address	City/State	Zip	

Designer Name:				Contractor Email
Designer Contact #				
LICENSE #	Designer Address	City/State	Zip	

Class of Work: New Addition Alteration Repair Other (describe):

\$	Description
Valuation of Work	Of Work:

FOR OFFICE USE ONLY

Occupancy	Type of Construction	Total Square Feet	Stories
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Zoning	Floor Area
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SPECIAL CONDITIONS
(FOR OFFICE USE ONLY)

PERMIT FEE.....	\$ _____	
PLAN CHECK FEE.....	\$ _____	
STATE SURCHARGE.....	\$ _____	
SAC CHARGE (UNITS).....	\$ _____	
ISTS.....	\$ _____	
WATER.....	\$ _____	
SHORELAND.....	\$ _____	
CERT. OF OCCUPANCY.....	\$ _____	
LICENSE CHECK.....	\$ 5.00	
TOTAL FEE PAID.....	\$ _____	CK # _____
DATE: _____	RCPT # _____	

NOTICE: Do Not Disturb
Natural Drainage

Separate permits are required for electrical, plumbing, mechanical and fire sprinklers. This permit becomes null and void if work or construction authorized is not commenced within 180 days or if construction or work is suspended or abandoned for a period of 180 days at any time after 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.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT
 (DATE)
PRINT NAME: _____

 SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)

Building Official _____ Date _____

City of North Oaks 651-792-7750
Building Inspector (Kevin White)
763-355-5801
 100 Village Center Drive, Suite 230
 North Oaks, MN 55127