

City of Shakopee

129 Holmes St. S. Shakopee, MN 55379
 Inspection: 952.233.9396
 Building: 952.233.9397
 Fax: 952.233.3801



Application For Building Permit

Date _____

Permit No. _____

Site Address	_____
Legal Description	Lot _____ Block _____ Addition _____

Applicant: Owner _____ Contractor _____ Designer/Architect _____

Property Owner	Name/Company _____ Phone No. _____
	Address _____
	City _____ State _____ Zip _____
Contractor Designer/Architect	Company _____ Phone No. _____
	Contractor Registration License No.: _____ Expiration Date _____
	Contact Person (Print) _____ Phone No. _____
	Address _____
	City _____ State _____ Zip _____

Bldg Permit Type:	<input type="checkbox"/> 01 - SFD-Sewered	<input type="checkbox"/> 06 - Three/Four Plex	<input type="checkbox"/> 11 - Other _____	<input type="checkbox"/> 16 - Razing
	<input type="checkbox"/> 02 - SFD-Septic	<input type="checkbox"/> 07 - Window Replacement	<input type="checkbox"/> 12 - Pools	<input type="checkbox"/> 17 - Apartments
	<input type="checkbox"/> 03 - Multifamily	<input type="checkbox"/> 09 - Basements	<input type="checkbox"/> 13 Re-Siding	<input type="checkbox"/> 18 - Porch
	<input type="checkbox"/> 04 - Townhouse	<input type="checkbox"/> 10 - Garages/Access	<input type="checkbox"/> 14 -Grade./Found'n	<input type="checkbox"/> 19 - Deck
	<input type="checkbox"/> 05 - Duplex Units		<input type="checkbox"/> 15 - Moving	<input type="checkbox"/> 21 - ReRoof
Work Type:	<input type="checkbox"/> 01 - New	<input type="checkbox"/> 03 - Addition	<input type="checkbox"/> 06 - Interior. Finish	<input type="checkbox"/>
	<input type="checkbox"/> 02 - Remodel/Alt.	<input type="checkbox"/> 04 - Repair	<input type="checkbox"/> 05 - Replace	<input type="checkbox"/>
Office Use	<input type="checkbox"/> 01 - Footing	<input type="checkbox"/> 04 - Insulation	<input type="checkbox"/> 07 - I.S.T.S.	<input type="checkbox"/> 08 - Other
	<input type="checkbox"/> 02 - Foundation	<input type="checkbox"/> 06 - Final	<input type="checkbox"/> 09 - Fireplace	
Required Inspections	<input type="checkbox"/> 03 - Framing			
Office Use Census Code:	New	New	New	<input type="checkbox"/> 434 - Alt./Add/ Res.
	<input type="checkbox"/> 101 - 1 Fam. Res.	<input type="checkbox"/> 214 - Other Shelter	<input type="checkbox"/> 324 - Office/Bank	<input type="checkbox"/> 437 - Alt./Add. Nonres.
	<input type="checkbox"/> 102 - 1 Fam. Attached	<input type="checkbox"/> 318 - Amusement/Rec.	<input type="checkbox"/> 325 - Utilities	<input type="checkbox"/> 438 - Alt./Add. Res. Gar.
	<input type="checkbox"/> 103 - 2 Fam. (Duplex)	<input type="checkbox"/> 319 - Place of Worship	<input type="checkbox"/> 326 - Schools/Ed.	<input type="checkbox"/> 645 - Demo 1-Fam.
	<input type="checkbox"/> 104 - 3&4 Family	<input type="checkbox"/> 320 - Industrial	<input type="checkbox"/> 327 - Retail/Rest.	<input type="checkbox"/> 646 - Demo 2-Fam.
	<input type="checkbox"/> 105 - 5 or more Family	<input type="checkbox"/> 321 - Non Res. Garage	<input type="checkbox"/> 328 - Other Nonres.	<input type="checkbox"/> 647 - Demo 3&4 Fam.
		<input type="checkbox"/> 322 - Service Station	<input type="checkbox"/> 329 - Nonbldg	<input type="checkbox"/> 648 - Demo 5 or more
		<input type="checkbox"/> 323 - Hosp./Institution		<input type="checkbox"/> 649 - Demo Other

Does the lot have trees? _____ Are your removing trees? _____

Is this address a Septic Site: Yes No

Description of Project: _____

Estimated Value of Work \$ _____

Height _____ Length _____ Width _____ No. Of Dwelling Units _____ Stories _____

(Over)

Notes to Applicant:

1. Separate permits are required for electrical, plumbing, mechanical, sewer and water service and individual sewage treatment systems.
2. This permit shall be null and void if authorized work is not started within 180 days or if work is suspended or abandoned for 180 days or more after work is started.
3. Comply with City Code prohibitions and limitations of construction on City or Shakopee Public Utilities easements, SEC. 4.03.

Permit and Plan Review Fee are based on City Code 4.05.

The undersigned hereby represents upon all of the penalties of the law, for the purpose of including the City of Shakopee to take the action herein requested, that all statements are true, and that all work herein will be done in accordance with the ordinances of the City of Shakopee and the State of Minnesota.

ARRANGE FOR INSPECTIONS 24 HRS IN ADVANCE

Applicant's Signature/Date

- Completed Application
- ISTS Review (provided by Scott County Environmental Health)(septic sites ONLY)
- Three (3) Legal Surveys W/Tree Preservation Plan
- Two (2) Complete Sets of Plans (One No Larger than 11" X 17")
- Two (2) Res Check (www.energycodes.gov)
- SPUC Application
- Residential Equipment Form
- Woodland Management Form (with attached plan/survey)
- Alternate Erosion Control & Sediment Control Form (With Attached Plan/Survey)

Zone	Type of Const.	Total Sq. Ft.	Occupancy Group	Fire Sprinklers Required	CODE USED

Permit Approved By:

Notes:

Shakopee Public Utilities / Date
Scott County Envir.Health

Engineering Department Date

Natural Resource Department Date

Community Development Department Date

Building Department Date
