

21 Second Street SE | Chatfield, MN | 55923 507-867-3810 | www.ci.chatfield.mn.us

Sign Permit Application

Name of Applicant:			
Address of Applicant: Street Address	20	City	Zip
		-	·
Telephone Number:			
Fax Number:			
Address of Property where the wor	k will take place:		
Project Details:			
Sign Details: Width	Height	Length	Total Sq. Ft.
Linkling			· -
ConstructionMaterials:			
Method of Affixing:			
Total square footage of building fac			(width)= sq.ft.
Total sq. ft. of all signage on the bu	ilding or parcel, both	temporary or perma	nent
Total number of mor	nument signs _	Total nur	nber of building signs
Total number of wind	angis wot	Total nur	nber of temporary signs
Signature Property Owner:			Date:
Checklist for the Submittal page	ckage:		
0: 1 111 1			
Signed and dated applica			
. , .		• .	arcel including dimensions
from the property line to	• •	• •	read and the second
One (1) Detailed photo/g	rapnic of the request	ea sign, including tex	t and graphics in color.

BUILDING PERMIT/APPLICATION

CITY OF CHATFIELD 867-3810

Date Received:	Received By:	P	_ Permit #										
APPLICA	NT COMPLETE INFO	ORMATIO	N BELOW										
Project Address:													
Legal Description:													
Property Owner.		Phone											
Address:	City:		Zip:										
General Contractor:	License #		Phone:										
Plumbing Contractor:	License #	:	Phone:										
Mechanical Contractor:	F	Phone:											
Mechanical Contractor: Proposed Use [Check One]:	Dwelling Private Gar	age Deck	Home Addition										
Pole Building Finish B	Basement Three Season	n Porch	Business/Commercial										
Fireplace Reroof S													
Description of Project:													
Dimensions:			111-111-11										
Lise and occupancy:		Tyne (
Use and occupancy: Estimated Value:	Lot Size/Dimen	Type v	or Construction.										
This permit becomes null and void if w work is suspended or abandoned for a	vork or construction authorized is not period of 180 days at any time after w	commenced withi	n 180 days, or if construction or ed. I hereby certify that I have read										
and examined this application and kno													
type of work will be complied with wh	ether specified herein or not. The gra	anting of a permit	does not presume to give authority										
to violate or cancel the provisions of a													
Refund Policy: Upon request of cancel and zoning fees that were completed p	rior to the cancellation notice. Emai	il:	enses for office time, inspections										
Name [please print]: City:	Zip:	Phone:	ne:										
Signature:		Date:											
	CITY USE ONLY	/											
PLANNING: Zoning District	ct: M	inimum Setba	cks Required: Front										
Side Rear Road	d Right of Way	Height:											
Approved By:		Date:											
Approved By:Subject to the following cond	ditions:												
BUILDING: Approved By:			Date:										
	FEES												
Building Permit:	Plan Review:	Sta	te Surcharge:										
Plumbing Permit:	Plan Review:	Sta	State Surcharge:										
Mechanical Permit:	Plan Review:		te Surcharge:										
	Water :	Se	wer:										
Sub Totals:													
TOTAL DUE:	no necessa .												
Date Issued:	Issued By:		Receipt #										

Building Permit Applicant: Property Owner

I understand that the State of Minnesota required the remodelers and roofers obtain a state license unless from the licensing requirements. By signing this debuilding or improving this house myself. I hereby licensing requirements because I am not in the businessale and that the house for which I am applying for the first residual to the first residu	s they qualify for a specific exemption ocument, I attest to the fact that I am claim to be exempt from the state iness of building on speculation or for
improved in the past 24 months. I also acknowledglicense, I forfeit any mechanics lien rights to which under Minn Stat. 514.01. In the event that I do constructure in the next 24 months, I will not do so undunderstanding that failure to do so is a misdemeand	ge that because I do not have a state I I may otherwise have been entitled astruct or improve another residential til I obtain the required state license,
Furthermore, I acknowledge that I may be hiring in certain aspects of the construction or improvement some of these contractors may be required to be lic understand that unlicensed residential contracting, misdemeanor under Minn. Stat. 326.92, Subd 1, an reimburse from the Contractor's Recovery Fund in are unlicensed.	of this house and I understand that ensed by the State of Minnesota. I remodeling, and/or roofing activity is d that I would forfeit my rights to
I also acknowledge that as the contractor on this pr responsible for any violations of the state building connection with the work performed on this proper	code and/or city ordinance in
	Signature of Property Owner
	Date

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To Determine whether a particular contractor is required to be licensed, or to check on the liceasing status of individual contractors, please call the Minnesota Department of Commerce, Enforcement Division at 651-296-2594 or toll-free at 1-800-657-3602.

Na	NamePermit No																											
ALL SKETCHES MUST BE DRAWN TO SCALE and contain the following information: North Arrow, all abutting streets and alleys with street names, dimensions of lot or lots, all existing and proposed buildings on lot.																												
SETBACKS: Front yard setback: Side yard setbacks: Total Lot Area: Building Area as percent of lot area:											,, Rear yard setback: Height of building:																	
Indicate North in the Circle								SCALE 1/4:" =																				
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