

Permit Number: \_\_\_\_\_

Date Received: \_\_\_\_\_



**CITY OF FRAZEE BUILDING PERMIT APPLICATION**  
**Payment for this permit is not refundable after 14 days.**

***NO CONSTRUCTION MAY BEGIN UNTIL BUILDING PERMIT APPLICATION HAS BEEN APPROVED***

Application is hereby made by the undersigned for a Building Permit as provided by Ordinance #156 and its amendments as adopted by the City of Frazee. (Please request a copy of the above referenced ordinance if you are unfamiliar with requirements).

**ALL NEW OR REMODELED BUILDINGS MUST MEET MINNESOTA STATE BUILDING CODE AS ADOPTED BY THE CITY OF FRAZEE.**

**GOPHER STATE ONE CALL MUST BE NOTIFIED 48 HOURS PRIOR TO ANY DIGGING, CALL 1-800-252-1166 AS REQUIRED BY MINNESOTA STATE LAW.**

**THE CITY OF FRAZEE WILL CHECK ALL SETBACKS ON ANY NEW CONSTRUCTION. IT IS THE APPLICANT'S RESPONSIBILITY TO HAVE ALL PROPERTY LINES LOCATED.**

Property Description: **NEW CONSTRUCTION - ADDRESS MUST BE PROMINENTLY DISPLAYED ON PROPERTY**

Parcel Number: (located on real estate tax form) \_\_\_\_\_

ADDRESS WHERE WORK IS BEING DONE: \_\_\_\_\_

Resident/Owner Name: _____	Phone #: _____
Address/City/Zip: _____	
Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor    Owner Email: _____	

Contractor/Company: _____	Contact: _____
Address: _____ City/Zip: _____	
Phone: _____	License #: _____
Lead Certificate #: _____	

Type of Work:
Permit to: (CIRCLE ONE) BUILD    INSTALL    ADD TO    ALTER    MOVE    DEMOLISH    REPAIR
Describe work to be done: _____
_____

Proposed use of building: (CIRCLE ONE)    Residential    Commercial

Valuation of work being completed: \$ \_\_\_\_\_ **EFFECTIVE January 1, 2014 – valuation of work for shingling = \$250/square of shingles (1 square of shingles covers 100 square feet of roof surface) REMINDER – All valuation calculations shall include labor regardless of the source.**

On the attached "Site Plan" (page 4), you must show the proposed location of any **new** building, **additions/changes** to existing buildings, **fences**, or **sheds** in reference to the property lines and existing structures (**You must be as accurate as possible in your dimensions**). If you have a copy of a professionally prepared site plan, attach a copy for review by the Building Official.

Certification: I hereby certify that I am the applicant herein and that the information given above and/or any exhibits submitted herewith is in all respects true and accurate to the best of my knowledge and belief, and further, if this permit is granted, said construction will comply with plans and specifications herewith submitted and applicable requirements of the City of Frazee.

I am the: (CIRCLE ONE)      Owner      Contractor      Purchaser      Lessee

**Refunds for projects not begun must be requested within 14 days of submission of application.**

**Failure to obtain a Building Permit prior to the start of all applicable projects will be subject to a fine equal to the cost of the permit, plus the charges associated with obtaining the permit.**

**Payment for this permit is not refundable after 14 days.**

**I HAVE READ AND AGREE TO COMPLY WITH ALL APPLICABLE CITY CODES.**

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**EFFECTIVE January 1, 2014 – valuation of work for shingling based on \$250/square of shingles**

\$ \_\_\_\_\_ Plan Review (Commercial Building - **only when plan to review** – not roofing/siding/etc.)

\$ \_\_\_\_\_ Plan Review (Residential Home Construction – 10% of the base building permit fee)

\$ \_\_\_\_\_ Permit fee      **SHEDS LESS THAN 120 SQ. FT = \$25**      **FENCE = \$25**

\$ \_\_\_\_\_ **subtotal**

\$ \_\_\_\_\_ State Surcharge (do not include on payment schedule)

\$ \_\_\_\_\_ **Total Permit Cost** - Receipt #: \_\_\_\_\_ Date Paid \_\_\_\_\_, 20\_\_\_\_

Occupancy Group: \_\_\_\_\_ Construction Type: \_\_\_\_\_ Zoning: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_

(Building Official)

Signature above implies that setback requirements have been reviewed and are believed to be correct.

**Payment is not refundable after 14 days.**

**Property Owner Waiver**  
**Minnesota State Contractor Licensing Requirements**

**THIS FORM MUST BE SIGNED BY ALL PROPERTY OWNERS NOT USING A LICENSED CONTRACTOR PRIOR TO ISSUANCE OF THE BUILDING PERMIT.**

The purpose of this form is to have property owners acknowledge their responsibilities to the Minnesota State Building Code, to Zoning Ordinances, and to other applicable rules and regulations when they are acting as general contractor in building projects.

I understand that the State of Minnesota requires that all Residential Building Contractors, Remodelers, and Roofers, obtain a State License unless they qualify for a specific exemption from the licensing requirements. By signing this waiver, I attest to the fact that I am building or improving my property by myself. I claim to be exempt from the State License requirements because I am not in the business of building on speculation or for resale and this is the first residential structure that I have built or improved in the past 24 months.

I acknowledge that because I do not have a State License, I forfeit any mechanic's lien rights to which I may otherwise have been entitled under Minnesota State Statute 514.01.

I acknowledge that I may be hiring independent contractors to perform certain aspects of the construction or improvement of this property. Some of these contractors may be required to be licensed by the State of Minnesota. I understand that unlicensed residential contracting, remodeling, and/or roofing activity is a misdemeanor under Minnesota State Statute 326.92, subdivision 1, and that I forfeit my rights to reimbursement from the Contractor's Recovery Fund' in the event that any contractors that I hire are unlicensed.

I also acknowledge that as the contractor on this project, **I am solely and personally responsible for any violations of the State Building Code and/or jurisdictional ordinance** in connection with the work performed on this property.

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Signature or Property Owner

Date

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Project Address

To determine whether a particular contractor is required to be licensed or to check on the licensing status of an individual contractor, call the Minnesota Department of Labor and Industry, Licensing Division at 651-2845065, or toll-free at 1-800/ DIAL-DLI (342-5354).

**This page must be completed for new buildings, additions to existing structures, fences, sheds.**

Sketch the proposed project below. The sketch **must contain**: (1) location, dimensions, and total area of the site and (2) location, dimensions, floor area, type of construction, and use of each current and proposed building or structure. If you do not know the lot size or dimensions contact City Hall at 346-4455 for assistance.

I hereby state that the facts on the site plan below are true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date
