

# Building Permit Application for City of St. Augusta

**Mail Permit Application to:**

City of St. Augusta  
 1914 250<sup>th</sup> St.  
 St. Augusta, MN 56301

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

**Inspectron, Inc.**

15120 Chippendale Ave. Suite 202  
 Rosemount, MN 55068

**Main Office: 651-322-6626**

Fax Number: 651-322-7580

Toll Free Number: 1-800-322-6153

Project Address	Street	City	State / Zip	Property ID #
Applicant Name		Street Address		Applicant Phone Number
City	State	Zip	Applicant E-Mail	
Owner Name		Street	City	State / Zip
Phone Number				
Contractors Name		Street	City	State / Zip
Contractors State License Number (required)			Expiration Date	Phone Number
Brief Project Description			Completed Value (includes labor and materials)	
Intended Use				

### Project Information

Permit Type	Project Proposed Use	Type of Construction	Zoning District	
<input type="checkbox"/> Building <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Agricultural <input type="checkbox"/> Industrial <input type="checkbox"/> Townhouse <input type="checkbox"/> Public <input type="checkbox"/> Multi Family (+5)	<input type="checkbox"/> Accessory Building <input type="checkbox"/> Addition <input type="checkbox"/> Interior Remodel <input type="checkbox"/> Deck/Porch <input type="checkbox"/> Foundation Only <input type="checkbox"/> Siding <input type="checkbox"/> Roofing <input type="checkbox"/> Window Replacement <input type="checkbox"/> Furnace <input type="checkbox"/> New Construction	<input type="checkbox"/> Repair <input type="checkbox"/> Sprinkler Installation <input type="checkbox"/> Sprinkler Maint/Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Fireplace <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Fence/Wall <input type="checkbox"/> Aboveground Pool <input type="checkbox"/> In Ground Pool <input type="checkbox"/> Relocation	<input type="checkbox"/> AG-Agriculture <input type="checkbox"/> RR-Rural Residential <input type="checkbox"/> MXR-Mixed Residential <input type="checkbox"/> CB-Commercial/Business <input type="checkbox"/> CO-Conservancy Overlay <input type="checkbox"/> FO-Flood Plain Overlay <input type="checkbox"/> SO-Shoreline Overlay <input type="checkbox"/> ME-Mineral Extraction

**Notice: Separate permits are required for plumbing, heating, fireplace installation, electrical work and installation of the septic system. The permit shall become null and void unless the work or construction authorized by the permit is commenced within 180 days after its 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 provision of any other State or Local law regulating construction or the performance of construction. This building permit may be suspended or revoked if the permit has been issued in error or on the basis of incorrect information supplied or in violation of any ordinance or regulation of the City of St. Augusta. All permit fees and other costs to review the application that are incurred by the City for professional consultants, will be paid prior to issuance of the Building Permit. Interest will not be paid out on escrow dollars and any interest earned on the account will go into the general account for administration fees.

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

Date \_\_\_\_\_

**Make check payable to the City of St. Augusta**

**Building Permit Approval**

**By:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Building Official**