



City of Chaska

Application for Building Permit

Today's Date: _____ Permit Number: B _____

1. Lot: _____ Block: _____ Addition: _____ P.I.D. _____

Site Address: _____

2. Owner: Name _____ Email _____ Phone _____

Address _____ City _____ State _____ Zip _____

3. Contractor: Name _____ Email _____ Phone _____

Address _____ City _____ State _____ Zip _____

4. Contact: Name _____ Email _____ Phone _____

5. Type of Work: New Addition Alteration Repair Move Demolition

6. Describe Work: _____

7. Estimated Value Including Labor: _____ Building Dept value: _____

8. Material Filed with Application: Two sets of Plans Certified Survey (Res.) Truss Specs
 Site Plan (Comm.) Energy Calculations Ventilations Forms (Res)

9. Special Conditions: _____

10. Contractor License#: _____ Lead Certification#: _____

I hereby certify that the information contained herein is correct and agree to do the proposed work in accordance with provisions of the ordinances of the City of Chaska, and State Building codes. I further agree that any plans and specifications submitted herein shall become part of this permit application. This permit becomes invalid if work is suspended or abandoned for more than 180 days.

PRINT NAME: _____

SIGNATURE: _____ DATED: _____

of: Contractor Authorized Agent Owner

Occupancy Group: A B E F H I M R S U I.R.C.

Division: 1 2 3 4 A&A

PERMIT FEE SCHEDULE:

PERMIT FEE	\$ _____	SAC	\$ _____
SURCHARGE	\$ _____	SEWER TAP FEE	\$ _____
PLAN CHECK FEE	\$ _____	SEWER HOOK-UP FEE	\$ _____
PENALTY	\$ _____	WATER HOOK-UP	\$ _____
OTHER	\$ _____	WATER TAP	\$ _____
TECHNOLOGY FEE	\$ _____	SITE INSPECTION	\$ _____
		ESCROW (\$2,500.00)	\$ _____
		TOTAL DUE	\$ _____

Approved By: _____ Date: _____

Received in By: _____ Check Cash

Received By: _____ Date: _____ Ch.# _____ \$ _____

Date: _____