

City of Vesta
Building/Land Use Permit Application
 New Construction/Addition/Garage

Permit No: _____

Date Received: _____

150 Front St. West
 Vesta, MN 56292
 Phone: 507.762.3140
 Fax: 507.762.3069

Office Use Only			
City PID	_____	Lot	_____
Addition	_____	Block	_____
Occupancy Group	_____	Type of Construction	_____
Sprinkler System	_____	Building Square Feet	_____

Check appropriate boxes: Residential Commercial New Construction Addition Garage

Project Street Address: _____

Owner: _____

Home Phone: _____

Address: _____

Cell Phone: _____

Contractor: _____

Contractor Phone: _____

Address: _____

Contractor License No: _____

Electrician: _____

Plumber: _____

Heating A/C: _____

Excavator: _____

Mason: _____

Carpenter: _____

Description of proposed construction included dimension/size and building type. (Please attach survey/site plan)

Applicant's Estimated Construction Cost (including materials and labor) \$ _____

Minnesota Statute Chapter 216D requires that the EXCAVATOR must call GOPHER STATE ONE-CALL at 1.800.252.1166 at least 48 hours before beginning excavation. Hand digging is required when excavating within two feet of the markings.

Each building, garage, or substantial alternation shall be constructed ten (10) feet or more from each side lot line; ten (10) feet or more from the rear lot line and thirty (30) feet or more from the front lot line or in line with the average building setbacks prevailing in the area of the development. It shall be the applicant's responsibility to determine accurately the location of lot lines. These requirements will be followed unless they present undue hardships on the owner in which case adjustments may be made by the City Council.

For Inspections, call 24-hours in advance 507.359.8245	Construction Value in Accordance with State Valuation Tables	\$ _____
Inspections Required Soils _____ Footing <input type="checkbox"/> Insulation _____ Foundation <input type="checkbox"/> Firewall <input type="checkbox"/> Plumbing <input type="checkbox"/> Manometer _____ Mechanical <input type="checkbox"/> Electrical* <input type="checkbox"/> Framing <input type="checkbox"/> Ice/Water (photo) _____ *All electrical work must be inspected by a State Electrical Inspector. <input checked="" type="checkbox"/> Final _____	Permit Fees Building Permit \$ _____ Plan Review \$ _____ State Surcharge \$ _____ Parkland Dedication \$ _____ Storm Water Permit \$ _____ Plumbing Permit _____ Number of Fixtures <input type="checkbox"/> _____	Sewer Connection \$ _____ Tapping Fee \$ _____ Curb Cut \$ _____ Other: \$ _____ Other: \$ _____ Total Fees Due \$ _____

The undersigned acknowledges that he/she has read this application and the above information is correct and accurate. Applicant also understand by signing this application that he/she could be held responsible as representative of this project for any violation of compliance with all applicable laws and ordinances of the City of Vesta including survey/plan review notes pertaining to setbacks, easements and property lines.

Signature of Applicant _____ Date: _____

Authorized Approval Signature _____ Date: _____