

Building Permit Request Form

Date:
Site Address
PID:

Building Permit Routed to Metro West:	Building Permit #



City of Waconia
201 South Vine Street
Waconia, MN 55387
Phone: 952-442-5689
Fax: 952-442-2135
permits@waconia.org
www.waconia.org/epermits

Noise Ordinance In Effect: Monday - Friday
before 7:00am and after 10:00pm
Saturdays/Holidays before 9:00am and
after 10:00pm
Sundays before 10:00am and after 10:00pm

Owner Information

Name:
Address:
City: State: Zip:
Phone:
Email:

Builder Information

Name:
Address:
City: State: Zip:
Phone:
Email:

Contractor's License:
Contractor's Name:

- | | |
|--|--|
| <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Remodel |
| <input type="checkbox"/> Commercial Reroof | <input type="checkbox"/> Retaining Wall Height: <input type="text"/> |
| <input type="checkbox"/> Commercial Reside | <input type="checkbox"/> Stucco/Stucco Demo |
| <input type="checkbox"/> Deck | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Fence Height: | |
| <input type="checkbox"/> Finish Basement | |
| <input type="checkbox"/> Garage/Shed | |
| <input type="checkbox"/> New Construction | |

Contact Information

Name:
Email:
Phone: Fax:

Type of Work

Commercial Residential

Est. Valuation of Work: Square Feet:

Detailed description of work to be performed:

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required and authorizes the City Zoning Administrator or designee and the City Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice. I hereby acknowledge that I have read this application and state that all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with approved plans, specifications and conditions and to abide by all ordinances of the City and the laws of the State of Minnesota regarding actions taken pursuant to this permit. **I agree to pay all plan review fees even if I choose not to proceed with the work.** Permit expires when work is not commenced within 180 days from date of permit, or if work is suspended, abandoned, or not inspected for 180 days. Work beyond the scope of this permit, or work without a permit or inspection will be subject to a penalty.

Applicant Signature: _____ Date: _____

Printed Name: _____ **Signature is of:**
 Owner Architect Lic. Bldg. Contr. Other: _____

Office Use Below this Line

Occupancy Type: Construction Type: Code: **Building Sprinkled?** Yes No

Valuation of Permit:

City Fees

Special Conditions of Permit:

Permit Fee:	Storm Water Connection:
Plan Review Fee:	SAC Charge:
State Surcharge:	Sewer Permit:
Site Inspection Fee:	Sewer Hook-Up:
S.E.C. Fee:	Water Hook-Up:
Penalty/Other Fees:	Sewer Trunk:
Copy Charge (\$.25 per 8.5 x 11 page):	Water Trunk:
Sub-Total	Water Permit:
Plumbing Fee:	Storm Water Trunk:
Mechanical Fee:	
Total Due:	

Paid:
Date:
Receipt:
By:

Building Approval By: _____ Date: _____ Time: _____
 City Approval By: _____ Date: _____