

City of Osakis

14 Nokomis Street East ~ PO Box 486 ~ Osakis, MN 56360

Ph: (320) 859-2150 ~ FAX: (320) 859-3978

cityhall@cityofosakis.com

Residential Addition for R-O District Building Permit Application

For Office Use Only	
Permit No.	_____
PID No.	_____
DATE RCVD.	_____
Permit Fee	_____
Surcharge	_____
Plan Check	_____
TOTAL FEE	\$ _____

Please Type or Print Legibly:

1. Site Address _____
2. Owner(s) _____ Daytime Phone _____
3. Owner's Address (if different from above) _____
4. Type of Improvement/Addition: (Bedroom, Living Room, Garage, ect.) _____
5. Dimensions of Structure: Length _____ Width _____
6. Height of Structure: Sidewalls: _____ Roof Line _____
7. Describe in detail the work to be done: _____

8. Estimated Cost of Project (*Including Materials & Labor*): \$ _____
9. Approximate Start Date _____
10. Please provide general contractor's name and license number as required by Minnesota Statute
Name _____ License No. _____

OR: *This work is being done by applicant who is acting as their own general contractor and assumes complete responsibility.*

I have read and signed the Licensed Contractor Disclaimer. _____ *(Initial Here)*

Additional Information Required on Reverse

11. Type of Construction:

Built On-Site: _____ Other: _____(Explain)

12. Foundation Type: _____

13. Please Provide the Following: (If Applicable)

Electrical Contractor: _____ PH: _____

Mason & Concrete Contractor: _____ PH: _____

Heating & Venting Contractor: _____ PH: _____

Plumbing Contractor: _____ PH: _____

Excavation Contractor: _____ PH: _____

13. Is the Building Heated? (yes or no)

Your application will be deferred until all items are provided.

_____ EROSION CONTROL AGREEMENT.

_____ SITE PLAN (*drawn to scale*) WITH ALL LOT AREA AND SETBACK REQUIREMENTS MET
_____ THE LOT AND BUILDING STAKED OUT ON THE PROPERTY.

_____ ONE FULL SIZE SET OF CONSTRUCTION PLANS WITH CROSS SECTIONS.

_____ ONE 8 1/2 x 11 SIZE SET OF CONSTRUCTION PLANS.

_____ SIGNED PROPERTY DISCLAIMER.

_____ LICENSED CONTRACTOR DISCLAIMER (*If owner is acting as the General Contractor*)

_____ SHORELINE MANAGEMENT ORDINANCE (*Within 1000 ft from any public waters*)

_____ NO LOT SHALL HAVE MORE THAN 30% IMPERVIOUS SURFACE COVERAGE.

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. I have identified all property boundaries, easements, flood zones and/or wetlands existing on the property on my survey and application. The undersigned further agrees the City and its' administrative staff relied on the accurateness of this application, plans and specifications relative to this project and holds the city of Osakis, and its employees harmless from all liability arising from the granting of this permit.

AUTHORIZED SIGNATURE OF OWNER OR BUILDER

ZONING

This Permit Expires One Year From: _____

BUILDING INSPECTOR