

BUILDING PERMIT APPLICATION FOR EMPIRE TOWNSHIP

Inspectron Inc.

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Contact Us at:

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Permit# _____

Project Address	Street	City	State/Zip	Property Identification Number
Applicant Name	Street	City	State/Zip	Applicant Phone Number
Owner Name	Street	City	State/Zip	Phone
Contractor's Name	Street	City	State/Zip	
Contractor's State License Number (required)	Expiration Date		Phone	
Brief Project Description				Complete Value (include labor and material)

Project Information

Permit Type	Proposed Use	Type of Construction	Zoning District
<input type="checkbox"/> Building	<input type="checkbox"/> Residential	<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Repair
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Commercial	<input type="checkbox"/> Addition	<input type="checkbox"/> Sprinkler Installation
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Interior Remodel	<input type="checkbox"/> Sprinkler Maint/Repair
	<input type="checkbox"/> Industrial	<input type="checkbox"/> Deck/Porch	<input type="checkbox"/> Demolition
	<input type="checkbox"/> Multi-Family (+5)	<input type="checkbox"/> New Construction	<input type="checkbox"/> Relocation
	<input type="checkbox"/> Townhouse() PO	<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Fireplace
	<input type="checkbox"/> Public	<input type="checkbox"/> Siding	<input type="checkbox"/> Manufactured Home
		<input type="checkbox"/> Roofing	<input type="checkbox"/> Fence/Wall
		<input type="checkbox"/> Furnace	<input type="checkbox"/> In Ground Pool
		<input type="checkbox"/> Window Replacement	<input type="checkbox"/> Above Ground Pool
			<input type="checkbox"/> AG - Agriculture
			<input type="checkbox"/> RR - I - 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-Shoreland 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 not 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 Castle Rock Township. All permit fees and other costs to review the application that are incurred by the Township 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 (Owner or Contractor) _____ Date: _____

Make check payable to Empire Township

Building Permit Approval

By: _____

Date: _____

Building Official