



BUILDING PERMIT APPLICATION

Scott County Government Center | 200 4th Avenue West Shakopee, MN 55379-1220
 Office: (952) 496-8475 | Fax: (952) 496-8496

COUNTY USE ONLY
Permit #
Receipt #

SITE INFORMATION					
Site Address					Township
Parcel ID#	Acres	Subdivision/Legal			
APPLICANT/CONTRACTOR INFORMATION					
Applicant/Contractor Name				License Number	
Contact Person		Email			
Address		City	State	Zip	
Cell Phone		Phone	Fax		
PROPERTY OWNER INFORMATION					
Name		Email		Phone	
Address		City	State	Zip	
PLEASE INDICATE PROJECT TYPE			PROVIDE THE FOLLOWING FOR NEW HOME AND AS NEEDED		
Residential or Commercial/Industrial			The Below Lines Are Hyperlinks Signature from Township on Building Permit Application		
New Home Construction		Porch	Building Plans (Cross Section, Elevations, Floor Plan) - 2 copies		
Addition/Alteration		Deck	Mechanical Code Compliance Forms - 2 copies		
Garage/Shed/Pole Shed		Fire Sprinklers/Alarm	Energy Certificate - 2 copies		
Basement Finish		Manufactured Home	Driveway Permit (Required for access to State, County, or Twp Roads)		
Cell Tower		Swimming Pool/Hot Tub	Survey/Detailed Site Plans - 2 copies		
Other		Erosion and Sediment Control Plans			
Estimated Cost		Complete Septic Design			
TOWNSHIP/LOCAL GOVERNMENT UNIT			TWP/LGU Name		
Permit complies with the Wetland Conservation Act subject to the following conditions:					
TWP/LGU Signature			TWP/LGU Printed Name		Date
<p>Applicant hereby agrees that, upon issuance of this permit, all work shall be done and all materials used shall be in compliance with all applicable township, city and county ordinances. The applicant agrees to abide by all zoning regulations and to utilize this structure for its permitted use.</p> <p>Furthermore, every permit issued shall become invalid unless the work authorized by the permit is 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. The County reserves the right to invoice the applicant and/or contractor for the plan review fee which will be due upon receipt of invoice.</p>					
Signature of Applicant					Date
Printed Name of Applicant					

ALL MATERIALS AND LABOR MUST COMPLY WITH STATE BUILDING CODE

COUNTY USE ONLY

Zoning District	
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Minimum Setbacks	Length
Road	
Side	
Rear	
Lake/Creek/Wetland	

FEES AND ESCROWS	
9-1-1 Address Marker	\$
Land Use Permit	\$
Septic Permit	\$
Plumbing Permit	\$
-State Surcharge	\$
Mechanical Permit	\$
-State Surcharge	\$
Building Permit	\$
-State Surcharge	\$
Plan Review	\$
Erosion Sediment Control Plan Review Fee	\$
Erosion Sediment Control and Lanscape Escrow	\$
	\$
	\$
Total Fee	\$

Notes:

APPLICATION APPROVED FOR ISSUANCE BY:	
Environmental Health	Date
Planning	Date
Natural Resources	Date
Building Official	Date