



City of Saint Peter  
Phone 507-934-0662  
Fax 507-934-4917

**City of Nicollet**  
**Building Department**  
**PO Box 547**  
**401 Pine St. Nicollet, MN 56074**

Permit Number \_\_\_\_\_

Phone: 507- 232-3474 Fax: 507- 232-3217

**BUILDING PERMIT APPLICATION**

BUILDING SITE ADDRESS	(OR) LOT	BLOCK	PHONE
PROPERTY OWNER	ADDRESS		PHONE
GENERAL CONTRACTOR	LICENSE #	ADDRESS	PHONE
PLUMBING CONTRACTOR (IF APPLICABLE)	LICENSE #	ADDRESS	PHONE
MECHANICAL CONTRACTOR (IF APPLICABLE)	ADDRESS		PHONE
ELECTRICAL CONTRACTOR (IF APPLICABLE)	LICENSE #	ADDRESS	PHONE

CITY SEWER AND WATER INSPECTIONS ARE DONE BY THE CITY OF NICOLLET STAFF. CALL 507-232-3474 BEFORE COVERING

<p><b>PROPERTY USE</b></p> <input type="checkbox"/> SINGLE FAMILY RES. <input type="checkbox"/> TWO FAMILY RES. <input type="checkbox"/> THREE + FAMILY RES. <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> INSTITUTIONAL <input type="checkbox"/> PUBLIC	<p><b>TYPE OF WORK</b></p> <input type="checkbox"/> NEW BUILDING <input type="checkbox"/> EXISTING BUILDING <input type="checkbox"/> ADDITION <input type="checkbox"/> REMODEL <input type="checkbox"/> REPAIR <input type="checkbox"/> DECK <input type="checkbox"/> REROOF <input type="checkbox"/> RESIDE	<p><b>TYPE OF STRUCTURE</b></p> <input type="checkbox"/> PRINCIPLE BUILDING <input type="checkbox"/> GARAGE <input type="checkbox"/> ACCESSORY BUILDING <input type="checkbox"/> TEMPORARY BUILDING <input type="checkbox"/> OTHER (SPECIFY) _____ _____	<p>Occupancy _____  Type of Construction _____</p> <p><b>PROPOSED SETBACKS</b></p> FRONT _____ NSEW LEFT _____ NSEW RIGHT _____ NSEW REAR _____ NSEW
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DESCRIPTION OF PROJECT \_\_\_\_\_

CONSTRUCTION & SITE PLANS ATTACHED (TWO COPIES EACH)  YES  NO  SQUARE FOOTAGE \_\_\_\_\_

IS THE HOME OLDER THAN 1978?  YES  NO

IF SO PROVIDE LEAD CERTIFICATION LICENSE # \_\_\_\_\_ SIGN (LICENSEE) \_\_\_\_\_

SIGNATURE OF:  OWNER  CONTRACTOR  AUTHORIZED AGENT DATE \_\_\_\_\_

**ESTIMATED VALUE OF WORK (INCLUDING LABOR)**

DOES THIS VALUE INCLUDE P&H  YES  NO

Permit becomes void if work does not begin within 180 days or if suspended at any time for over 180 days. Permits issued and inspections made by the City are a public service and do not constitute any representation, guarantee or warranty, either implied or expressed, to any person as to the condition of the building or conformance to applicable construction codes. The undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of Saint Peter regulating building construction.

BUILDING PERMIT FEE	_____
PLAN REVIEW FEE	_____
STATE SURCHARGE	_____
TOTAL BUILDING FEE	_____
PUBLIC WORKS FEE	_____
TOTAL PERMIT FEE	_____
RECEIPT NUMBER	_____
ISSUED BY	_____
PW APPROVAL	_____

BUILDING OFFICIAL APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_ ZONING ADMINSTRATOR APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_