

PERMIT APPLICATION FOR RESIDENTIAL STRUCTURES

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Job Address: _____

Owner's Name: _____ Phone: _____

Email: _____

General Contractor (If being used): _____ Phone: _____

E-mail: _____ Contractor's Lic. #: _____

REQUIRED SUBMITTALS

- TWO COPIES OF THE BUILDING PLAN _____
- TWO COPIES OF THE CERTIFICATE OF SURVEY (**TO SCALE**) _____
- COMPLETED SUB-CONTRACTOR LIST _____
- COMPLETED ENERGY CODE COMPLIANCE CERTIFICATE _____
- U-FACTORS OF EACH WINDOW & DOOR INCLUDED ON PLAN (SPECIFIC TO EACH LOCATION) _____
- RADON MITIGATION DESIGN & MATERIALS SHOWN ON PLANS _____
- BRACED WALL PANEL DETAILS AND METHODS FOR THE ENTIRE STRUCTURE PROVIDED ON PLANS INCLUDING SHEATHING TYPE, FASTENING METHOD, AND SPECIFIC LOCATIONS OF BRACING UNITS _____
- SITE OR MODEL SPECIFIC STRUCTURAL ENGINEER'S DESIGN FOR CANTILEVERED SILL PLATES _____
- NOTE ON PLAN OF WATER-PROOFING, OR EXACT TYPE OF FULL-WIDTH CLOSED-CELL MATERIAL, BEING APPLIED BETWEEN THE SILL PLATE AND THE TOP OF THE FOUNDATION WALL _____
- SEPTIC SYSTEM DESIGN _____

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 HERIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF

TOTAL AMOUNT DUE (Price based on valuation) \$ _____
Total cost of permit will be available after building review. An estimate can be provided.

CONSTRUCTION.

Signature of Contractor or Authorized Agent: _____ Date: _____

Signature of Owner (if owner builder): _____ Date: _____

Building Approval: _____ Date: _____

Zoning Approval: _____ Date: _____

SEPTIC SYSTEMS: Septic systems may need to be upgraded before a permit is issued. If you have any questions, please contact the Building Department.