APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY
OR IT WILL BE RETURNED AND DELAY PROCESSING

Print Application | Reset Application

**Wabasha County Environmental Services**
Old Courthouse Annex
625 Jefferson Ave
Wabasha, MN 55981
Phone: (651) 565-3062 Fax: (651) 565-2774

# Building & Land Use Permit

**Parcel ID (required):** _____

**Twp./Section** _____

**Name of Applicant:** _____ **Phone #:** (  ) _____

**Mailing Address:** _____ **City** _____ **State** _____ **Zip** _____

**Property Owner:** _____ **Phone#:** (  ) _____

**Property Address:** _____ **City** _____ **State** _____ **Zip** _____

**Type of Activity:** ☐ Home ☐ Shed ☐ Garage ☐ New Window(s) ☐ Window Insert(s) ☐ Door(s) ☐ Siding ☐ Furnace

☐ A/C ☐ Water Heater ☐ Deck ☐ Fireplace ☐ Remodel/Repair ☐ Other: _____

**Building Dimensions:** _____ **# of bedrooms:** _____

**General Contractor:** _____ **License #:** _____ **Phone:** _____

**Plumbing Contractor:** _____ **License #:** _____ **Phone:** _____

**Mechanical Contractor:** _____ **License #:** _____ **Phone:** _____

*This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has 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 compiled with whether specified herein 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 construction.

I also agree to provide Wabasha County staff access to the property in order to inspect the project.

REFUND POLICY: Upon request of cancellation of building permits, refunds will be based on expenses for office time, inspections and zoning fees that were complete prior to the cancellation notice.

**NOTICE: Distances from property lines must be on the site sketch.**

SEPTIC COMPLIANCE INSPECTION REQUIRED BEFORE PERMIT IS ISSUED

Property owners are responsible for determining location of property lines and public and private utility easements.

_____ _____/_____

Date | Signature of General Contractor or Landowner | Print Name

**FOR OFFICE USE ONLY**

**Permit Number:**

**Shoreland:** _____ **Floodplain:** _____ **Site Plan Approved:** ☐ Yes ☐ No

**Received:** **Septic Compliance** ☐ Yes ☐ No **Water test (shoreland):** ☐ Yes ☐ No

**Comments:** _____

**Approved for Zoning Compliance:** _____ _____

Date | Environmental Services Staff Signature

**Building Permit Approval:** _____ _____

Date | Building Inspector Signature

**Estimated Value of Project: $** _____ **Value of Site Work: $** _____

**Plumbing Permit: $** _____ **Plan Review: $** _____ **State Surcharge: $** _____

**Mechanical Permit: $** _____ **Plan Review: $** _____ **State Surcharge: $** _____

**Building Permit: $** _____ **Plan Review: $** _____ **State Surcharge: $** _____

**Fee Total: $** _____ **Date Paid:** _____ **Receipt #:** _____