

**RESIDENTIAL BUILDING PERMIT APPLICATION**

THIS APPLICATION IS FOR A **BUILDING PERMIT ONLY** FOR 1 OR 2 FAMILY DWELLINGS AND TOWNHOMES  
**SEPARATE PERMITS ARE REQUIRED FOR ANY ELECTRICAL, HVAC, AND PLUMBING WORK BEING DONE**

**Site/Building Information**

Address \_\_\_\_\_ Unit # (if applicable) \_\_\_\_\_  
 Type of principle building:  Single Family Dwelling  Two-Family Dwelling (Duplex)  Townhome  
 Applicant is:  Contractor  Owner **Project Valuation (REQUIRED) \$** \_\_\_\_\_  
 (Project valuation must include materials and labor whether done by contractor or owner)  
 Plan Submission:  Paper  ePlans Preferred Contact Method:  Phone  Email

**Owner Information**

Name \_\_\_\_\_  
 Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email Address \_\_\_\_\_

**Contractor Information**

(Fill out only if contractor is pulling permit, contractor must sign application)

Company Name \_\_\_\_\_ Contractor License # \_\_\_\_\_  
 Contact Person's Name \_\_\_\_\_ EPA Lead Firm Certification # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Payment Pin:  Yes  No  
 Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email Address \_\_\_\_\_

Fill out information in this boxed area **only** if submitting plans through ePlans

**Applicant Information**

(Contact person for plan review, applicant is responsible for ePlans tasks. Applicant must sign application)

Applicant Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cell # \_\_\_\_\_

**Construction Contact Information**

(Contact person during construction)

Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cell # \_\_\_\_\_

**Additional Contact for Plan Review**

By checking this box, I would like the person listed below to be added to my project in ePlans. I understand this person will have the same rights in the project as the applicant and that it is my responsibility to work with them on who will be accepting, doing and completing the tasks during plan review (please see the ePlans Overview Guide for more information).

Company Name \_\_\_\_\_ Contact Person's Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

**Project Description**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does this project consist of adding a new living space that will be separate from the existing living space (creating a duplex)?  Yes  No

**CONTINUED ON NEXT PAGE**

### Utilities (New Homes Only)

City Water/Sewer or  Private well/sewage system  
Water Meter Size:  3/4" (Typical single family dwelling)  1" (Typical sprinkled townhome)  Other \_\_\_\_\_

### Land Disturbance Permit Requirements

(Separate permit application NOT required)

Is this a new single family home project, **or** does this project disturb land of greater than or equal to 5,000 square feet?

No The Land Disturbance permit fee and submittals are not applicable, However you are still subject to the conditions of the City's Stormwater System Use Code Ordinance Section 365 for erosion prevention, sediment control and pollution prevention. **STOP HERE**

Yes Review and complete the rest of this section. This application section covers the City's stormwater erosion prevention, sediment control and pollution prevention requirements for land disturbance. A \$25 Land Disturbance Permit fee is required. The following is **required to be submitted**:

Erosion/Pollution Prevention and Sediment Control Plan.  
*Example:* <http://www.ci.stcloud.mn.us/DocumentCenter/View/1849/SWPPP-Example?bidid=>

By checking this box as the **applicant**, I understand that all inspection reports, notices of violations and enforcement related to site inspections and compliance with this permit section is my responsibility. The applicant/permittee accepts full responsibility for compliance with the Stormwater System Use Code Ordinance of the City of St. Cloud, and agrees to comply with the Stormwater Pollution Prevention Plan or equivalent in full. Additionally, right-of-entry onto this property to the City of St. Cloud, its employees or agents, for ordinance enforcement is granted. The Sauk River Watershed District is a third-party beneficiary to the conditions of this approval and is entitled to full rights of enforcement of any and all conditions in the event improper, no or partial performance of said conditions.

Questions on this section, contact 320-255-7226, or [stormwater@ci.stcloud.mn.us](mailto:stormwater@ci.stcloud.mn.us)

#### Applicant's Signature

I hereby apply for a Building Permit and acknowledge that the information above is complete and accurate; and **that this is not a permit**. As the applicant, I acknowledge that I am responsible for any fees incurred during the plan review process including all permit fees and that I am requesting approval for the submitted documents for construction. If this permit request is canceled for any reason after plan review has been completed, but before permit issuance, I understand that I will be responsible for all plan review charges. I state that all work herein will be done in accordance with the ordinances of the City of St. Cloud, the State of Minnesota and rulings of the Building Department. This permit becomes void if work does not begin within 180 days or is suspended at any time for over 180 days.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Printed Name \_\_\_\_\_

Typed name above shall constitute an electronic signature