



# BUILDING PERMIT APPLICATION

Scott County Government Center | 200 4th Avenue West Shakopee, MN 55379-1220  
 Office: (952) 496-8160 | Fax: (952) 496-8496

<b>SITE INFORMATION</b>			Receipt #	Permit #
Site Address				Township
Parcel ID#	Acres	Subdivision/Legal		
<b>APPLICANT/CONTRACTOR INFORMATION</b>				
Applicant/Contractor Name			License Number	
Contact Person	Email			
Address	City	State	Zip	
Cell Phone	Phone	Fax		
<b>PROPERTY OWNER INFORMATION</b>				
Name	Email	Phone		
Address	City	State	Zip	
<b>SUBCONTRACTOR INFORMATION</b>				
Plumbing			Phone	
Mechanical			Phone	
Fireplace			Phone	
Septic/Water/Sewer			Phone	
<b>PLEASE INDICATE PROJECT TYPE</b>		<b>PROVIDE THE FOLLOWING FOR NEW HOME AND AS NEEDED</b>		
Residential or	Commercial/Industrial	The Below Lines Are Hyperlinks Signature from Township on Building Permit Application		
Addition	Basement Finish	Building Plans (Cross Section, Elevations, Floor Plan) - 2 copies		
Deck/Porch	Fire Sprinklers/Alarm	Mechanical Code Compliance Forms - 2 copies		
Garage/Shed/Pole Shed	Manufactured Home	Energy Certificate - 2 copies		
New Home Construction	Remodel	Driveway Permit (Required for access to State, County, or Twp Roads)		
Repair/Alteration	Swimming Pool/Hot Tub	Survey/Detailed Site Plans - 2 copies		
Other		Erosion and Sediment Control Plans		
Estimated Cost		Complete Septic Design		
Project Description				
<b>TOWNSHIP/LOCAL GOVERNMENT UNIT</b>				
Permit complies with the Wetland Conservation Act subject to the following conditions:				
TWP/LGU Signature		TWP/LGU Printed Name		Date
I hereby certify that the information contained herein is correct and agree to do the proposed work in accordance as described about and according to the provisions of the ordinances of Scott County, the State Mechanical and Building Codes. I further agree that any plans and specifications submitted herein shall become part of this permit application. This permit will expire six (6) months from the date of issue if a passing final inspections is not obtained.				
<b>Signature of Applicant</b>				<b>Date</b>
<b>Printed Name of Applicant</b>				

**COUNTY USE ONLY**

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

FEES AND ESCROWS	
Permit Valuation	\$
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 Landscape Escrow	\$
	\$
	\$
<b>Total Fee</b>	<b>\$</b>

<b>Notes:</b>

<b>APPLICATION APPROVED FOR ISSUANCE BY:</b>	
<b>Environmental Health</b>	<b>Date</b>
<b>Planning</b>	<b>Date</b>
<b>Natural Resources</b>	<b>Date</b>
<b>Building Official</b>	<b>Date</b>