

For Office Use Only	Permit # _____	Permit Fee _____
	PID # _____	Surcharge _____
	Date Recd _____	Plan check _____
		Total Fee _____

City of Osakis
PO Box 486; Osakis MN 56360
PH. (320) 859-2150 FAX (320) 859-3978

Detached Accessory Building Permit Application

1. Site Address _____ Osakis, MN 56360

2. Owner(s) _____ Daytime Phone _____

3. Owner's Address (if different from above) _____

4. Legal Description of Site:
 Note* If unknown, please refer to property tax statement or ask Zoning Administrator.

Lot _____ Block _____ Addition _____

5. Dimension of structure: Length _____ Width _____

6. Height of Structure: Sidewalls _____ Roof Line _____

7. Approximate Start Date _____

8. Estimated Cost of Project (Including Materials & Labor): \$ _____

9. Licensed Contractor's Name & License No.:

Name: _____ License No: _____

****If owner is acting as their own General Contractor they must sign the Licensed Contractor Disclaimer.**

Additional Information Requested On Reverse

10. Please Provide the Following: (If Applicable)

Mason & Concrete Contractor _____ PH: _____

Excavating Contractor _____ PH: _____

11. Type of Siding _____

12. Is Building Heated? Yes _____ No _____

Required Forms & Items to Return with Application:

SITE PLAN

FULL SIZE SET OF CONSTRUCTION PLANS WITH CROSS SECTIONS

ONE SMALL SET OF CONSTRUCTION PLANS ON 8 1/2 x 11 FOR FILE

SIGNED PROPERTY DISCLAIMER

IF OWNER IS ACTING AS GENERAL CONTRACTOR A LICENSED CONTRACTOR DISCLAIMER MUST BE SIGNED

*Your application will be denied until all above items are provided.

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 herein or not. I have identified all property boundaries, easements, flood zones, and/or wetlands existing on the property on my site plan and application. The undersigned further agrees the City and its' administrative staff relied on the accurateness of this application, plans and specifications relative to this project and holds the City of Osakis, and its employees harmless from all liability arising from the granting of this permit.

AUTHORIZED SIGNATURE OF OWNER OR CONTRACTOR

ZONING ADMINISTRATOR

This Permit Expires One Year From: _____

BUILDING OFFICIAL