



City of New Brighton
 EXCAVATION/GRADING PERMIT APPLICATION 2020
 Please email materials to permits@newbrightonmn.gov

SITE ADDRESS:	New Brighton, MN 55112	DATE:
PROJECT VALUATION: \$	APPLICANT IS <input type="checkbox"/> OWNER <input type="checkbox"/> CONTRACTOR	

PROPERTY OWNER NAME:	PHONE #:
ADDRESS:	CITY/STATE/ZIP:

CONTRACTOR NAME:	PHONE #:
ADDRESS:	CITY/STATE/ZIP:
LICENSE NUMBER:	CONTACT NAME:

EMAIL:

PROPERTY USE	TYPE OF STRUCTURE	TYPE OF WORK
<input type="checkbox"/> SINGLE FAMILY RESIDENTIAL <input type="checkbox"/> TWO FAMILY RESIDENTIAL <input type="checkbox"/> FIVE+ FAMILY RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> INSTITUTIONAL <input type="checkbox"/> PUBLIC	<input type="checkbox"/> PRINCIPAL BUILDING <input type="checkbox"/> GARAGE <input type="checkbox"/> ACCESSORY BUILDING <input type="checkbox"/> TEMPORARY BUILDING <input type="checkbox"/> SWIMMING POOL OTHER _____	NEW OR EXISTING BUILDING <input type="checkbox"/> REROOF <input type="checkbox"/> RESIDE <input type="checkbox"/> ADDITION <input type="checkbox"/> DEMO <input type="checkbox"/> REMODEL <input type="checkbox"/> RELOCATE <input type="checkbox"/> REPAIR <input type="checkbox"/> DECK <input type="checkbox"/> SIGN <input type="checkbox"/> WINDOWS <input type="checkbox"/> SIDING <input type="checkbox"/> TENTS/CANOPY/TEMP MEMBRANE STRUCTURE

BUILDING INFORMATION	SOIL EXCAVATION
BUILT PRIOR TO 1978? <input type="checkbox"/> YES <input type="checkbox"/> NO	50 CUBIC YARDS OR MORE? <input type="checkbox"/> YES <input type="checkbox"/> NO

MISCELLANEOUS INFORMATION	BUILDING INFORMATION	BUILDING PERMIT FEES
Number of Units _____	Number of Stories _____	Building Permit Fee _____
Number of Buildings _____	Total Square Footage _____	Admin Fee <u>\$17.00</u>
Number of SAC Units _____	Height _____	Plan Review Fee _____
Property Zoning _____	Length _____	State Surcharge _____
Occupancy Group _____	Width _____	Other Fees _____
Type of Construction _____	Front Yard Setback _____	Total _____
# of Tents/Canopies _____	Side Yard Setback _____	
REQUIRED FOR COMMERCIAL	Side Street Setback _____	
As built plans in PDF format	Rear Yard Setback _____	
	YEAR BUILT _____	

Permit becomes void if work does not begin within 180 days or if suspended at any time for over 180 days. Permits issued and inspections made by the City are a public service and do not constitute any representation, guarantee or warranty, either implied or expressed, to any person as to the condition of the building or conformance to applicable construction codes. The undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of New Brighton regulating building construction. Prior to the release of the final commercial certificate of occupancy, a copy of the As Built Site Plans must be submitted to the City in a PDF format

SPECIFIC DESCRIPTION OF WORK TO BE COMPLETED

APPLICANT SIGNATURE:	DATE:
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FOR OFFICE USE ONLY	ENTERED:	APPROVED:
ZONING:	ISSUED:	PERMIT #
COUNCIL RESOLUTION #	COUNCIL APPROVAL DATE	PARK DEDICATION FEE: Y/N



REQUIRED INSPECTIONS		CONDITIONS OF ISSUANCE
<input type="checkbox"/> DEFAULT		
Add	Delete	
<input type="checkbox"/>	<input type="checkbox"/>	CONSULTATION
<input type="checkbox"/>	<input type="checkbox"/>	DRAIN TILE
<input type="checkbox"/>	<input type="checkbox"/>	FINAL
<input type="checkbox"/>	<input type="checkbox"/>	FIRE STOPPING
<input type="checkbox"/>	<input type="checkbox"/>	FLOOR SLAB
<input type="checkbox"/>	<input type="checkbox"/>	FOOTING
<input type="checkbox"/>	<input type="checkbox"/>	FOUNDATION
<input type="checkbox"/>	<input type="checkbox"/>	FRAMING
<input type="checkbox"/>	<input type="checkbox"/>	INSULATION
<input type="checkbox"/>	<input type="checkbox"/>	NO INSPECTIONS REQUIRED
<input type="checkbox"/>	<input type="checkbox"/>	SHEETROCK
<input type="checkbox"/>	<input type="checkbox"/>	WINDOWS/SIDING
<input type="checkbox"/>	<input type="checkbox"/>	SITE