

FOR	Permit # _____	Trunk Fee _____
OFFICE	PID # _____	Permit Fee _____
USE	Date Recd _____	WAC/SAC _____
ONLY	Zoning District _____	Surcharge _____
		Plan Check _____
		1" Meter _____
		Total Fee _____

City of Avon
 PO Box 69 Avon MN 56310
 PH (320) 356-7922 FAX (320) 356-2259

Detached Accessory Building Permit Application

1. Site Address _____, Avon MN 56310
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 _____

13. All Setback Measurements must be measured from building line (lot line). **Please provide the Zoning Administrator with a copy of a survey or documentation that states the square footage or lot dimensions.**

Front Yard Setback _____ Rear Yard Setback _____ Side Yard Setbacks _____ / _____

Total Lot Size (square footage) _____ Total Impervious Area (%) _____
Impervious area includes: driveways, sidewalks, porches overhangs, dog kennels, patios, sheds, decks (any area that water cannot saturate through)

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 ½ X 11 FOR FILE

SIGNED PROPERTY OWNER DISCLAIMER

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 Avon, and its employees harmless from all liability arising from the granting of this permit.

Authorized Signature of Owner or Contractor

This Permit Expires One Year From

Zoning Administrator

Building Official

BUILDING PERMIT APPLICANT: PROPERTY OWNER

I understand that the State of Minnesota requires that all residential building contractors, remodelers and roofers obtain a state license unless they qualify for a specific exemption from the licensing requirements. By signing this document, I attest to the fact that I am building or improving this house myself. I hereby claim to be exempt from the state licensing requirements because I am not in the business of building on speculation or for resale and that the house for which I am applying for this permit, located at _____, is the first residential structure I have built or improved in the past 24 months. I also acknowledge that because I do not have a state license, I forfeit any mechanic's lien rights to which I may otherwise have been entitled under Minnesota Statutes§514.01.

Furthermore, I acknowledge that I may be hiring independent contractors to perform certain aspects of the construction or improvement of this house and I understand that some of these contractors may be required to be licensed by the State of Minnesota. I understand that unlicensed residential contracting, remodeling, and/or roofing activity is a misdemeanor under Minnesota Statutes §326.92, Subd. 1, and that I would forfeit my rights to reimbursement from the Contractor's Recovery Fund in the event that any contractors I hire are unlicensed.

I also acknowledge that as the contractor on this project, I am solely and personally responsible for any violations of the State Building Code and/or City ordinance in connection with the work performed on this property.

Signature of Property Owner

Date

To determine whether a particular contractor is required to be licensed, or to check on the licensing status of individual contractors, please call the Minnesota Department of Commerce, Enforcement Division, at (612) 296-2594 or toll free at 1-800-657-3602.