

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 1/2 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.

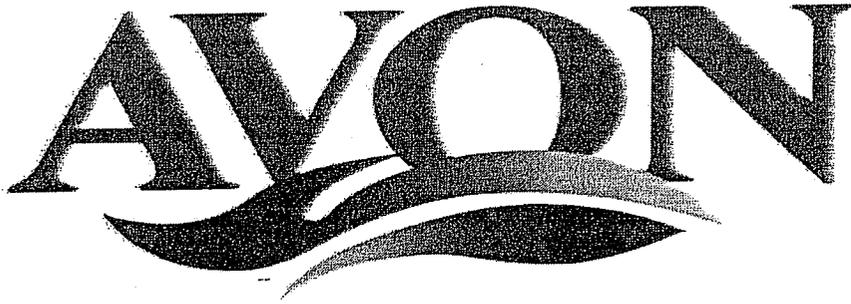
Authorized Signature of Owner or Contractor

This Permit Expires One Year From

Zoning Administrator

Building Official

CITY OF



P O Box 69
Avon, MA 01901

office: 320.356.7922
fax: 320.356.2259

In order to obtain a building permit for any construction in residential (R-1) zoning in the City of Avon, you will need to comply with the City of Avon's Ordinance No. 148 regarding maximum Lot Coverage. Any property that is outside of the 1,000 square feet of lakeshore must follow the 50% maximum impervious surface coverage. Any property within 1,000 square feet of lakeshore must follow the 35% maximum impervious surface coverage. Please complete the form below:

_____ Total Square Feet of Lot.

_____ Total Square Feet of House (include any porches, overhangs, etc.)

_____ Total Square Feet of Garage (include any overhangs).

_____ Total Square Feet of Driveway and Sidewalks.

_____ Total Square feet of Existing Dog Kennels, Patios, Shed, Decks (any area that water cannot saturate through).

_____ Total Square Feet of FUTURE Dog Kennels, Patios, Sheds, Decks (any area that water cannot saturate through) that are not included on this building permit.

***Please make sure the site plan shows where the structures are situated on the lot and all four setbacks. Also, please provide dimensions for all structures.**

AGREEMENT

I, _____, the undersigned, accepts this agreement with the understanding that all information is true and correct. I do understand that I am responsible for submitting the correct information regarding dimensions and square footage to the City of Avon to request a building permit and I understand the maximum impervious surface coverage is 35% for shoreland and 50% for non-shoreland.

If any information is deemed incorrect, the Permit will be null/void and thus the project will be considered in violation of Ordinance and punishable as stated within the ordinance.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL.

Date: _____
Property Owner

CITY OF



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Attachment to City of Avon Building Permit Applications.....

Does this permit application involve the placement of a NEW access point onto a city street or a county road?

_____ Yes

_____ No

If you answered "Yes", please refer to Chapter 21, Subd. 12, General District Provisions in the City of Avon Zoning Ordinance.

I understand that any street access work that is done on my property will require the approval of the City of Avon.

Contractor/Property Owner

Date

PROPERTY DISCLAIMER

The undersigned is the owner of record or the Builder of the following property located within the City of Avon, Stearns County, Minnesota, whose address is: _____; that as part of the process of obtaining a building/zoning permit, the undersigned certifies that all of the information in the application, plans and specifications are true and correct.

It is the responsibility of the undersigned to identify all property boundaries, all easements, all underground utilities (including sewer and water lines) and/or wetlands existing on the subject property and has identified them on his/her site plan and application.

The undersigned further agrees the City of Avon, and its' administrative staff and agents relied on the accurateness of this application, plans and specifications relative to this project and hold the City of Avon, and its employees harmless from all liability arising from the granting of this permit.

Signature of Property Owner/Builder

Date

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.

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*******ELEVATION WAIVER*******

I, _____ (contractor/owner) the undersigned, hereby certify that the elevation for the property at _____ (address) is at _____ (elevation). The elevation has been measured from the floor level of the garage. This elevation is in full compliance with the City of Avon's plat.

I understand that if the elevation does not comply with the City of Avon the property owner and/or contractor will be responsible to adjust the grading and drainage on the site and plat per the City Engineer's recommendations/specifications.

Signature of Contractor/Owner Date

The above elevation level has been approved by the City of Avon.

Zoning Administrator Date

*******GRADING CHANGES*******

No sod, soil, sand, or gravel may be sold or removed from any part of the property, except for the purpose of excavating for the construction or alteration of a building or structure on the property, or for the proper grading thereof, and any excess soil remaining from excavation or grading, and not otherwise used by the owner in the improvement of the owner's own site must be removed by the owner. The elevation of a lot may not be changed so as to materially effect the surface elevation of surrounding lots. The owner of any land subject to this ordinance will be responsible for the drainage of surface waters from their part of the property other than by natural watercourses.

I hereby certify that I have read and examined this application and understand that I will be solely responsible for any damage/drainage problems that arise from the alteration of the original grading on the property.

Signature of Contractor/Owner Date

*******EROSION CONTROL*******

The following items, as part of the erosion control requirements of the building permit, must be addressed before and/or after construction:

- *Installation, proper placement and maintenance rock bag/straw log
- *Install and maintain rock entrance pad
- *Clean street and sweep
- *Install, maintain and clean storm sewer inlet protection structures
- *Dust control

I hereby state that prior to the commencement of construction at the property located at _____, the necessary erosion control requirements have been met.

Signature of Public Works Department Date

At the conclusion of this project, the general area of this project is in good condition.

Initial of Public Works Date