

**Department of Building Safety**101 4th St E, Hastings, MN 55033

Phone: 651-480-2342

Email: Building@Hastingsmn.govwww.hastingsmn.gov**General Building Permit
Application**

SITE ADDRESS: _____

PID#: _____

Owner Name: _____

Contact Name: _____

Street Address: _____

Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

Occupant Name: _____

Contact Name: _____

Street Address: _____

Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

Description of Project: _____ **Valuation:** \$ _____

Note: If building is a Heritage Preservation Site prior approval from city planner and/or HPC is required before issuance of permit for any work involving the exterior of the structure.

Building Contractor	Company: _____ Phone: _____
<input type="checkbox"/> Owner Performed	Contact Name: _____
(Owner Waiver Required)	License # _____ Exp Date: _____
	Street Address: _____
	City: _____ State: _____ Zip: _____
	Email: _____

The undersigned acknowledges that he/she has read this application, and the above information is correct and accurate. Applicant also understands by signing this application that he/she could be held responsible as representative of this project for any violation of compliance with all applicable laws and ordinances of the City of Hastings.

Signature of Applicant or Authorized Agent_____
Date

NOTICE: This is an **application only**. Permit will be issued after City approval and payment of fees. Permit shall be null and void if authorized work is not started within 180 days or work is suspended for 180 days or more.

OFFICE USE ONLY

Bld Type	<input type="checkbox"/> SFD <input type="checkbox"/> DUPLEX	<input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> CONDO	<input type="checkbox"/> COMMERCIAL	
Work Type	<input type="checkbox"/> Retaining Wall <input type="checkbox"/> Foundation	<input type="checkbox"/> Garage/Acc. <input type="checkbox"/> Sump Pump	<input type="checkbox"/> Remodel	<input type="checkbox"/> Other
Required Inspections	<input type="checkbox"/> Footings <input type="checkbox"/> Drain tile <input type="checkbox"/> Sewer/Water	<input type="checkbox"/> Framing <input type="checkbox"/> Sheathing <input type="checkbox"/> Ice/water <input type="checkbox"/> WRB	<input type="checkbox"/> Mech RI <input type="checkbox"/> Plumb RI <input type="checkbox"/> Plumb Final <input type="checkbox"/> Mech Final	<input type="checkbox"/> Life Safety <input type="checkbox"/> Final
Fee Notes	<input type="checkbox"/> Plan Review _____ _____ _____	<input type="checkbox"/> Other _____ _____ _____	<input type="checkbox"/> SAC/WAC	

Residential Valuation

Basement	Sq Ft	\$/Sq Ft	Subtotal
Crawl Space		\$15.00	
Unfinished		\$30.00	
Mechanical Room		\$30.00	
Finish (New)		\$50.00	
Finish (Existing)		\$30.00	
Finish (Existing Conversion- No Plumb)		\$25.00	
Single/Multi Family	Sq Ft	\$/Sq Ft	Subtotal
Main Floor		\$100.00	
Second Floor		\$100.00	
Unfinished Floors Above Grade		\$75.00	
Garage	Sq Ft	\$/Sq Ft	Subtotal
Wood Framed		\$50.00	
Carport		\$30.00	
Decks/Porches	Sq Ft	\$/Sq Ft	Subtotal
Covered Entry		\$50.00	
Screen Porch		\$75.00	
3 Season Porch		\$85.00	
4 Season Porch		\$95.00	
Deck		\$25.00	
TOTAL			

Building Approval: _____ Date: _____

Planning Approval: _____ Date: _____

Engineering Approval: _____ Date: _____

Fire Marshal Approval: _____ Date: _____