



309 3rd Street, P.O. Box 97
 Ironton, MN 56455
 Phone: (218) 546-5625
 Fax: (218) 546-5044
www.cityofirontonmn.com

Date Received: _____
 Date Issued: _____
 Fee Paid: _____
 Receipt #: _____
 Permit #: _____

Building Permit Application

Owner: _____ Phone: _____
 Home Address: _____ City/State/Zip: _____
 Project Address: _____ PID #: _____
 Legal Description: _____

General Contractor: _____ License #: _____ Phone: _____
 Plumbing Contractor: _____ License #: _____ Phone: _____
 Mechanical Contractor: _____ License #: _____ Phone: _____

Proposed Use [Check One]: Dwelling Private Garage Deck Home Addition Pole Building Finish Basement Three Season Porch
 Business/Commercial Fireplace Siding Furnace Water Heater Other

Description of Project: _____ Dimensions: _____

Site Plan submitted: Yes No (A site plan is necessary to process applications for all new and/or additions to structures)
 Setbacks: OHW _____ Side _____ Side _____ Rear _____ Right of Way _____ Other _____
 Zoning District: _____ Lot Area: _____ Impervious Coverage: _____
 Estimated Value: _____ Lot Size/Dimensions: _____

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. 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. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature: _____ Date: _____

CITY USE ONLY

PLANNING:

Subject to the following conditions: _____
 Reviewed By: _____ Date: _____
 Current Septic Compliance on file? Yes No Date: _____

BUILDING:

Use and occupancy: _____ Type of Construction: _____
 Subject to the following conditions: _____
 Reviewed By: _____ Date: _____

FEES

Building Permit: _____	Plan Review: _____	State Surcharge: _____
Plumbing Permit: _____		State Surcharge: _____
Mechanical Permit: _____		State Surcharge: _____
Sewer Availability Charge: _____		
Sewer Connection Permit: _____		
E911 Address Assignment: _____		
Mailbox Support/Install: _____		
Culvert: _____		
Subtotal: _____		

TOTAL DUE: _____