



# New Home

## Permit Application

### TWO-MILE RADIUS

INFORMATION REQUIRED FOR OBTAINING A BUILDING PERMIT AS APPLICABLE	
<input type="checkbox"/> <b>Building Permit Application</b>	<input type="checkbox"/> <b>Two Complete Sets of Plans, Drawn to Scale and Including:</b> <ul style="list-style-type: none"> <li>• Front, rear, and side elevations.</li> <li>• Foundation plan.</li> <li>• Floor plan; main, basement, garage, and upper level; if applicable.</li> <li>• Wall section.</li> <li>• Stair section with guard detail.</li> <li>• Special details, if any.</li> </ul>
<input type="checkbox"/> <b>A Site Plan Drawn to 1:20 Scale Showing:</b> <ul style="list-style-type: none"> <li>• North arrow.</li> <li>• Lot dimensions.</li> <li>• Location and names of all adjoining streets.</li> <li>• Front, side, and rear yard setbacks.</li> <li>• Location of structures in relationship to each other and to the property lines.</li> <li>• Dimensions of all structures.</li> <li>• Approximate elevations at:               <ul style="list-style-type: none"> <li>○ Street edge at center of the driveway.</li> <li>○ Garage floor.</li> <li>○ Top of house foundation.</li> <li>○ Basement floor.</li> </ul> </li> </ul>	<input type="checkbox"/> <b>A Completed Building Certificate (this is to verify Energy Code compliance).</b> <ul style="list-style-type: none"> <li>• This can be completed by the owner, mechanical contractor, insulator, or contractor.</li> </ul>
<input type="checkbox"/> <b>Obtain Zoning Permit from Douglas County Land &amp; Resource Management Department (Courthouse)</b>	<input type="checkbox"/> <b>Obtain Address from Douglas County Surveyor (Public Works Building)</b>

***Please submit all of the above information at the time of application.***

**CITY OF ALEXANDRIA**  
**Building Department**  
**704 Broadway**  
**Alexandria, MN 56308**  
**(320) 763-6678 – Phone**  
**(320) 763-3511 – Fax**



## BUILDING PERMIT APPLICATION

<b>Address of Building Site:</b>	<b>Parcel Number:</b>
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Legal Description:
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Type of Improvement: <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Reroof <input type="checkbox"/> Raze <input type="checkbox"/> Move
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Project Description:	<b>Estimated Cost:</b>
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Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Licensed Contractor <input type="checkbox"/> Architect/Engineer <input type="checkbox"/> Project Manager <input type="checkbox"/> Other
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<b>Property Owner Name:</b>
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<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
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<b>Contact Person:</b>	<b>Telephone Number:</b>	<b>Email:</b>
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<b>Applicant Name:</b>	<b>License Number:</b>
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<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
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<b>Contact Person:</b>	<b>Telephone Number:</b>	<b>Email:</b>
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<b>Contractor Name:</b>	<b>License Number:</b>
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<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
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<b>Contact Person:</b>	<b>Telephone Number:</b>	<b>Email:</b>
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<b>Designer Name:</b>	<b>License Number:</b>
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<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
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<b>Contact Person:</b>	<b>Telephone Number:</b>
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<b>Excavator Name:</b>
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<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
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<b>Contact Person:</b>	<b>Telephone Number:</b>
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<b>Mechanical Contractor Name:</b>
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<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
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<b>Contact Person:</b>	<b>Telephone Number:</b>
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<b>Plumbing Contractor Name:</b>
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<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
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<b>Contact Person:</b>	<b>Telephone Number:</b>
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Signature of Applicant or Agent \_\_\_\_\_ Date \_\_\_\_\_