

CITY OF WADENA
222 2nd St. SE
APPLICATION FOR LAND USE & ZONING PERMIT
RESIDENTIAL

Date Rec'd: _____ Permit Number: _____ Zoning: _____ APN: _____

Job Address: _____ Phone: _____

Owner: _____ Address: _____

Legal Description: _____

Contractor: _____ License: _____ Phone: _____

Address: _____

Plumber: _____ Electrician: _____

Type of Work: New Bldg _____ Addition _____ Alteration _____ Move _____ **Occupancy:** Single Family _____
Demolish _____ Accessory Bldg _____ Other _____ Multi-Family _____

Describe Work: _____

Off street parking spaces: _____ Building Use: _____ **Estimated Cost:** _____ **Fee:** _____

Lot Size (feet): Front: _____ Side 1: _____ Side 2: _____ Rear: _____

Building Size (feet): Length: _____ Width: _____ Height: _____ Area: _____ s.f.

Construction Type: Wood _____ Masonry _____ Other _____ Number of Stories: _____

Type of Finish: Exterior: _____ Interior: _____

Walls: _____ x _____ x _____ O.C. Type of Flooring: Concrete _____ Wood _____ Other _____

(Ex. 2x6x16 – Two by six – 16” on center)

Roof: Gable _____ Flat _____ Plywood _____ Steel _____ Shingles _____ Other _____

Basement: Crawl Space _____ Slab on Grade _____ Masonry _____ Wood _____ Other _____

Wall Thickness _____ Footing Size _____

Heating: Electric _____ Fuel Oil _____ Gas _____ Other _____

Utilities: City Sewer _____ City Electric _____ City Water _____ Private Sewage System _____ Other Electric _____

Private Well: Drilled _____ Sand Point _____

This project will not interfere with any utility services. _____ (initial)

New or revised utility connections require signatures from the Public Works Director and the Electric & Water Superintendent.

Has the lot been surveyed and corner stakes placed? Yes _____ No _____ Comments: _____

Will the sidewalk, driveway or curb be constructed or modified? Yes _____ No _____

Contact the Public Works Director to establish elevations for sidewalk, driveway or curb construction or modification.

Special Conditions: _____

Please submit a “to scale” drawing showing the dimensions of the lot, location and size of all existing buildings and proposed new construction with this application.

Gopher State One Call 1-800-252-1166 CONTRACTOR RESPONSIBLE TO CALL! Call 48 Hours before you dig!

I hereby certify that all the information contained within this application is known by me to be true and correct.

Signature of Owner or Agent

Date

All work must be completed in a period of **ONE YEAR** and with the provisions of this application and according to Wadena City Code Chapters 4 & 11 and will comply with required State of Minnesota regulations.

See reverse for Fees, Utility Information and Individual Sewer System requirements.

PERMIT FEES

New Dwelling _____	\$165.00	Fences _____	\$100.00
Addn. (Over \$25,000) _____	\$100.00	Storage Shed (under 200 sq. ft) _____	\$ 50.00
Addn. (Under \$25,000) _____	\$ 75.00	Deck _____	\$ 50.00
Garage & Utility Bldg. _____	\$ 75.00	Penalty (<i>For starting without a permit</i>) _____	\$200.00

INDIVIDUAL SEWAGE TREATMENT SYSTEM

On Site Septic System

1. Must be designed & installed by ISTS Professionals licensed by the MPCA under Minn. Rules & ISTS Standards, Chap. 7080
2. Installer name _____
3. MPCA / ISTS License # _____
4. Your ISTS must be inspected during installation by the County ISTS Inspector.

24 HOUR NOTICE IS REQUIRED FOR INSPECTIONS

Call Deana Malone, 218-631-7604, Wadena County Or 218-739-2271, Ottertail County

NOTICE: PROJECT OWNER AND/OR CONTRACTOR

BEFORE BUILDING PERMIT CAN BE ISSUED ALL UTILITY CONNECTION FEES MUST BE PAID

**The City of Wadena Light & Water Department & Public Works Department
must be contacted regarding your building project.**

THERE IS A FEE FOR CONNECTIONS AND ADDITIONAL FEES
MAY BE CHARGED FOR CONSTRUCTION OF UTILITY EXTENSIONS

**This agreement acknowledges that the person or entity to which a
Building Permit is issued is responsible for any and all utility connection fees.**

UTILITY CONNECTION FEES

Name:	
Water \$	Address:
Sewer \$	
Electric \$	Signature:
TOTAL \$	Date:

UNDERGROUND UTILITY CONNECTIONS MUST BE INSPECTED BEFORE ANY BACKFILLING CAN START

Water Department _____ Date _____

Electric Department _____ Date _____

Sewer Department _____ Date _____

Street Department _____ Date _____