

AFTON BUILDING PERMIT APPLICATION

Main Office: 651-436-5090

Building Official/Inspections: 651-436-7669

No. _____

Project Address (If Known)	Street	City	State	Zip
Legal Description and Parcel Identification Number			P.I.D.	
Owner Name	Street	City	State	Zip Phone
Contractor Name	Street	City	State	Zip
Contractor's State License Number (If Required)		Expiration Date		Phone
Use of Building		Completed Valuation (Include Labor and Materials)		
Class of Work: ___New ___Add ___Alter ___Repair ___Move ___Demolish ___Remodel				
Total Building Area:	Bsmt.	1 st	2 nd	No. of Bathrooms
	Garage	Open Porch	Deck(s)	Crawlspace
Describe Work:				
<p>NOTICE: Separate permits are required for electric works and installation of septic systems. The permit will become 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 is commenced. Permit is valid for 1 year, all work must be complete within 1 year unless extension is applied for an approved.</p> <p>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. This building permit may be suspended or revoked if the permit has been issued in error or on the basis of incorrect or insufficient information or in violation of any ordinance or regulation of the City of Afton.</p>				
Signature of Applicant (Owner or Contractor)			Date	
Email Address of Applicant: _____				

Fees have changed as of 08-21-2023 - Please see New Building Permit Fee Doc for Amounts

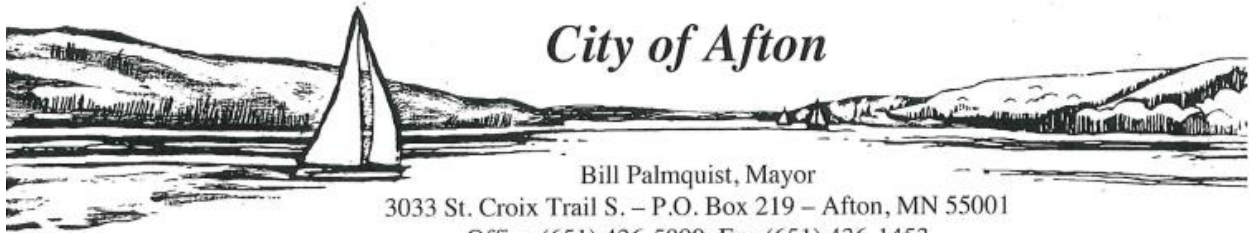
Fees due and payable to: City of Afton

Building Permit	\$ _____
Inspection Fee	\$ _____
Surcharge	\$ _____
Park Fee	\$ _____
Plumbing	\$ _____
HVAC	\$ _____
TOTAL:	\$ _____

Building Permit Approval

By: _____ Date: _____
Building Official

Date Paid	_____
Amount	_____
Check #	_____
Recd. By	_____



City of Afton

Bill Palmquist, Mayor

3033 St. Croix Trail S. – P.O. Box 219 – Afton, MN 55001

Office (651) 436-5090 Fax (651) 436-1453

www.ci.afton.mn.us

Annie Perkins - Ward 1

Lucia Wroblewski - Ward 2

Stan Ross - Ward 3

Randy Nelson - Ward 4

EXCAVATOR AND OPERATOR'S NOTICE

THIS NOTICE IS FOR ALL EXCAVATORS AND OPERATORS APPLYING FOR PERMITS INVOLVING EXCAVATIONS REGARDING YOUR OBLICATIONS TO COMPLY WITH MINNESOTA STATE STATUTE 216D.02 TO 2016D.07 AND ARE ATTACHED TO THIS NOTICE.

THIS NOTICE IS A REQUIREMENT OF STATE STATUTE 216D.03 TO 216D.07; NOTICE TO EXCAVATORS AND OPERATORS

PLEASE NOTE: THIS NOTICE IS POSTED SEPERATELY UNDER ANY PERMIT APPLICATION FORM IT APPLIES TO ON THE CITY'S WEBSITE