

CITY OF CLARKFIELD

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APPLICATION FOR BUILDING OR LAND USE PERMIT

Return all forms to: City of Clarkfield
Building Department
904 10th Avenue
Clarkfield, MN 56223

Phone: (320) 669-4435

Fax: (320) 669-4815

Building Official Contact:

Cell 1: (320) 226-5189

Fax: (651) 846-6034

Email: dri101@live.co

Office Use Only

Building Permit No. _____

Date Received _____

Forwarded to Utilities _____

Variance Required Yes _____ No _____

Assessor Copy _____

Applicant must fill out all information on this form that is applicable to the project - Please Type or Print**SECTION 1- DIRECTORY INFORMATION**

Project Street Address: _____ Email: _____

Approx. Start Date of Construction: _____ Approx. Completion Date of Construction: _____

Owners Name: _____ Phone: _____

Address: _____

Contractor: _____ Phone: _____

Address: _____ *License No.:* _____

Electrician: _____ Phone: _____

Address: _____

Plbg./Mech. Contractor: _____ Phone: _____

Address: _____

Excavation Contractor: _____ Phone: _____

Address: _____

SECTION 2- TYPE OF CONSTRUCTION

Is curb & gutter existing? Yes _____ No _____ Will it be necessary to cut/change curb opening? Yes _____ No _____ (If yes, request drawing from city building department for standard size and design.)

Are the lot corners in evidence? Yes _____ No _____ (If no, owner must have property surveyed by a Registered Land Surveyor prior to issuance of permit.)

CHECK BOX FOR TYPE OF WORKNew Construction ☐Addition ☐Remodel ☐Fence ☐

Other _____

Description of proposed construction (include dimension/size & building type) _____

Applicant's Estimated Construction Cost (include materials & labor)

\$ _____

SECTION 3- SETBACK OF BUILDING OR STRUCTURE.....(Include setbacks on drawing area below.)

Front Yard Setback _____ Rear Yard Setback _____
 _____ Side Yard Setback _____ _____ Side Yard Setback _____
 N/S/E/W _____ N/S/E/W _____

SITE PLAN DRAWING: (To be drawn by applicant/contractor in space provided below.)

Drawing shall indicate property lines, curbs, street names, existing and proposed structures, setback dimensions, where surface water will drain, and preferred location of electric and gas meters. Relate drawing to North arrow shown below. If necessary, use a separate sheet of paper.

NOTE: NO APPURTENANCES, ADDITIONS OR FACILITIES SHALL BLOCK ACCESS TO UTILITY METERS OR EQUIPMENT.

**SECTION 4- APPLICATION FOR NATURAL GAS AND ELECTRIC SERVICE**

LP/Natural Gas Service: Total BTU requirement: _____ Pressure requirement if other than 7" WC.: _____
 Electric Service: Size in Amperes: _____
 Voltage Requirement (check one): ____ Single Phase is 240/120 Three Phase is ____ 208/120/ ____ 480/277
 Total Connected KW _____ Total KW Demand _____ Temporary service required? Yes ____ No ____

SECTION 5- APPLICATION FOR TELEPHONE CABLE FACILITY PLACEMENT

Is temporary job site telephone required? Yes ____ No ____

- ☐ Single Family Dwelling
☐ Multi Family Dwelling..... No. of Units _____
☐ Apartment Complex..... No. of Units _____
☐ Business
☐ Other _____ No. of Units _____

Prewire before sheetrock or closing studs to be wired by:

- ☐ Telephone Company
☐ Electrician

SECTION 6- APPLICATION FOR CABLE TELEVISION SERVICE**A) PREWIRE**

Ensure the cable outlets are "home run" i.e.: a single coaxial wire run from each individual outlet to the entry point of the electric service.
Prewire to be done before sheetrocking or insulating.

This prewire being done by:

- ☐ Telephone Company
☐ Electrician or other

B) SERVICEABILITY

Call the Cable Television Company to verify your home serviceable area.

SECTION 7- NOTIFICATION OF GOPHER STATE FOR EXCAVATION

Minnesota Statute Chapter 216D requires that the EXCAVATOR must call Gopher State One-Call, Inc. at 1-800-252-1166 at least 48 hours before beginning any excavation. It is important to avoid striking any underground utility, telephone, Cable television, or water and sewer lines. Hand digging is required when excavating within two feet of the markings.

The color code for marking underground utility lines is as follows:

Red	Electric Power Lines, cables, Conduit & Lighting Cables
Yellow	Gas, Oil Steam, Petroleum or Gaseous Materials
Orange	Communications, Alarm or Signal Lines, Cables or Conduit
Blue	Water, Irrigation & Slurry Lines
Green	Sewers & Drain Lines
Pink	Temporary Survey Markings
White	Proposed Excavation

IMPORTANT: If any gas meters need to be moved, contact Great Plains Natural Gas Company at 320-269-5529.

If electrical wires are above ground, contact Excel Energy utilities at 800-481-4700.

If any water meters need to be moved, contact Clarkfield Municipal utilities at 320-669-4435.

I hereby certify that I have completed, read and examined this application and know the same to be true and correct, I accept responsibility for compliance with all applicable laws, notifications, and city provisions. The granting of this permit does not presume to give authority to violate or cancel the provision of any other state or local law regulating construction or the performance of construction.

IMPORTANT: BY SIGNING THIS DOCUMENT, I AM INDICATING THAT I HAVE RECEIVED THIS NOTICE AND AGREE TO ACCEPT RESPONSIBILITY FOR EITHER CALLING GOPHER STATE ONE-CALL OR NOTIFYING MY EXCAVATOR TO CALL 48 HOURS PRIOR TO EXCAVATING.

SECTION 8- APPLICANT'S CERTIFICATION AND COMPLIANCE SECTION

PLEASE READ THE FOLLOWING BEFORE SIGNING APPLICATION:

I hereby certify that I have completed, read and examined this application and know the same to be true and correct. I accept responsibility for compliance with all applicable laws and city provisions, including those noted on the community engineer's report, survey, plan review notes, and representation of setbacks, easements and property lines. Issuance of this permit does not authorize violation or cancellation of any state or local law regulating construction or the performance of construction.

Note: All electrical work must be inspected by the state electrical inspector.

Applicant' Signature _____ Date _____

Applicant's Name - Printed _____

Email Address _____

Address _____