



1670 Stieger Lake Lane  
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 Victoria, MN 55386  
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 www.ci.victoria.mn.us

# Building Permit Application

Received on: \_\_\_\_\_

Permit#: \_\_\_\_\_

## General Information

Site Address: \_\_\_\_\_ P.I.N.: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Address (if different from site) \_\_\_\_\_ Email: \_\_\_\_\_

BLDG USE	
<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential

PERMIT TYPE (check all that apply)			
<input type="checkbox"/> Building	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Demolition

**Building Contractor Name:** \_\_\_\_\_ **Contractors Lic.#** \_\_\_\_\_

**Property Owner**

Contractor Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Plumbing Contractor Name:** \_\_\_\_\_ **Contractors Lic.#** \_\_\_\_\_

**Property Owner**

Contractor Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Mechanical Contractor Name:** \_\_\_\_\_ **Mech. Bond #** \_\_\_\_\_

**Property Owner**

Contractor Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Valuation of work: \_\_\_\_\_ **WORK DESCRIPTION:** \_\_\_\_\_

### Residential ONLY - square footages:

Upper level	Main Level	Basement	Garage
Finished _____	Finished _____	Finished _____	Attached _____
Unfinished _____	Unfinished _____	Unfinished _____	Detached _____
Deck _____	Porch _____	# of Fireplace(s) _____	

*I hereby apply for a building permit and I acknowledge that the information included with the application is complete and accurate; that the work will be in conformance with the ordinances of the City of Victoria and with the MN State Building Code.*

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### OFFICE USE ONLY

#### Zoning Specifications:

Front Setback \_\_\_\_\_ Rear Setback \_\_\_\_\_  
 Left Side Setback \_\_\_\_\_ Right Side Setback \_\_\_\_\_  
 Max. % Impervious Surface \_\_\_\_\_  
 Zoning Class R-PUD R-1 R-2 R-3 R-4 Other \_\_\_\_\_

#### Building Specifications:

Permit Valuation: \_\_\_\_\_  
 Type of Construction: VB Other \_\_\_\_\_  
 Occupancy Type: IRC-1 Other \_\_\_\_\_  
 Fire Suppression: YES NO

**Zoning Administrator Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Comments: \_\_\_\_\_

**Building Official Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Comments: \_\_\_\_\_