

**Building Permits are paid for at pickup.**

**Do not begin any work until permit is issued.**



**Over the Counter (Only applies to Residential) Building Permit Application**

Questions? 763-261-5301

Email completed application and documents to [Permits@beckertownship.org](mailto:Permits@beckertownship.org)  
Drop off at 12165 Hancock Street, Becker. M/T/W/F 8-5. CLOSED THURSDAY

**Permits missing any information will not be accepted.**

Parcel Identification Number: **05-** \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

No address? Subdivision, Lot and Block: \_\_\_\_\_

Permit No.

**Property Owner**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Person (if different): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

**Contractor (if blank, Property Owner Waiver required):**

Company Name: \_\_\_\_\_

License/Bond: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

**Type of Work**

<input type="checkbox"/>	Re-Roofing	<input type="checkbox"/>	Water Softener
<input type="checkbox"/>	Re-siding	<input type="checkbox"/>	Water Heater
<input type="checkbox"/>	A/C	<input type="checkbox"/>	Retaining Wall >4'
<input type="checkbox"/>	Fence > 7'	<input type="checkbox"/>	Window Replacement
<input type="checkbox"/>	Furnace	<input type="checkbox"/>	Door Replacement
<input type="checkbox"/>	Demolition		
<input type="checkbox"/>	Misc (describe)		

**VALUATION** \_\_\_\_\_

**Required Certifications** I hereby apply for a Building Permit, and I acknowledge that the information contained in this permit application is complete and accurate. I understand this is not a permit and work is not to start without a permit being issued by the Township.

I understand and hereby agree that the work for which the permit is issued shall be performed according to the details submitted in the permit application; the only permitted work is that which is within the scope of the plans and specifications submitted with the permit application, and the work is subject to all conditions of the permit and the approved plans and specifications. I further understand any or all work conducted beyond those of the submitted and approved plans/specifications may require additional permits. This permit becomes 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.

I HEREBY CERTIFY that I have read and examined this application and all accompanying documentation and know the same to be true and correct. All

I acknowledge that if building plans change, additional permit reviews, fees, and/or applications may be required.

I acknowledge that an As-built survey must be submitted to the Town Hall prior to receiving a certificate of occupancy.

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.

I understand that the Town Zoning Administrator or Building Official may deny building permits, or require conditions for the purpose of protecting the natural environment and public health, safety and welfare, or for any reason deemed inconsistent with the Comprehensive plan, Zoning Ordinance, or other Township regulation. Denial of or conditions placed upon a building permit may include, but are not limited to:

1. Structure design that contributes to or causes environmental degradation
2. Lots or plats that are unique and susceptible to drainage, runoff, and erosion.
3. Situations in which a professional specialist review, certification, or completion of work is deemed necessary by the Zoning Administrator.

**Operation of tracked grading equipment on Town Roads is prohibited per State Statute 169.72.**

\_\_\_\_\_  
Signature of Contractor/ Responsible Party

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by Building Inspector / Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Payment Information / Receipt**

Payment Type: <input type="checkbox"/> Check # _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Card	Total Paid:
Paid By: _____			

---

**Call Metro West to schedule all inspections at 763-479-1720**

**Have the permit number and address of property available when scheduling.**

---

**Residential Mechanical Permit (Furnace and A/C Replacement):**

- Any new gas lines require an air test in accordance to the MSMC.

**Irrigation Systems:**

- Atmospheric type vacuum breaker shall be installed a minimum 12" above highest head.
- Vacuum breaker shall be installed by a MN Licensed Plumber.

**Re-Roofing:**

- Existing asphalt roofing must be removed before applying new roofing.
- Provide ice & water shield a minimum 24" beyond wall plate line.
- Provide pictures of ice & water shield and underlayment at final inspections. Photos must be onsite.

**Re-Siding**

- Provide pictures of weather resistive barrier (house wrap) at final inspection. Photos must be onsite.

**Water Softener / Water Heater**

- Work shall be done by a MN licensed plumber or an owner who owns and occupies the home where work is being done.

**Windows / Door Replacements**

- Any changes in rough opening will require a framing inspection.
- Provide smoke detectors in all bedrooms, in hallways outside bedrooms and 1 on every level.
- Provide carbon monoxide detector within 10 feet of all bedrooms.

<b>Township Use Only</b>	
Permit #	
Date:	
Permit Fee	
Plan Check Fee	
Investigative Fee	
Plumbing Fee	
Mechanical Fee	
Fireplace Fee	
Water/Sewer Install	
Other	
Other	
LUP Refund	
Surcharge Fee	
Admin Fee	10.00
Total	

