

APPLICATION FOR BUILDING and/or LAND USE PERMIT

City of Arlington

Return all forms to: City of Arlington, Building Department
 204 Shamrock Drive, Arlington, MN 55307
 Phone: (507) 964-2378 Fax: (507) 964-5973

Office Use Only	
Building Permit No.	_____
Date Received	_____
Forwarded to Utilities	_____
Variance Required	Yes _____ No _____
Assessor Copy	_____

Building Official Contact: Darin Haslip, 101 Development Resources
 Phone: (320) 226-5189 Fax: (651) 846-6034
Zoning Official Contact: Amy Newsom, Planning and Zoning Administrator
 Phone: (507) 964-2378 Fax: (507) 964-5973

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: _____	Zoning District: _____
Approx. Start Date of Construction: _____	Approx. Completion Date of Construction: _____
Owners Name: _____	Phone: _____
Address: _____	
Contractor: _____	Phone: _____
Address: _____ <i>License No.:</i> _____	
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 WORK

New 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.

Large empty rectangular box for the site plan drawing, with a North arrow pointing upwards in the top right corner.

SECTION 4- APPLICATION FOR NATURAL GAS AND ELECTRIC SERVICE

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

After utilities have been marked, if you have any questions or concerns about their location, please contact the various utility suppliers listed below:

CenterPoint Energy Minnegasco	Natural Gas		800-245-2377
Arlington Electric	Electric	204 Shamrock Dr.	507-964-2378
Frontier Communications	Telephone		800-435-1504
Arlington Water & Wastewater	Water/Wastewater	204 Shamrock Dr.	507-964-2378
Mediacom Cable	Cable		800-332-0245

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 city 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.

I hereby authorize Arlington Electric & Water to furnish Utility Service to the project address. I understand that I will receive all bills for utility services and that I will be legally responsible for payment of these utility bills.

All electrical work must be inspected by the state electrical inspector. Call (507) 327-6078 between 7:00 am and 8:30 am weekdays for inspections.

Applicant's Signature: _____ Address: _____

Applicant's Name-Printed: _____ Date: _____