



# BUILDING PERMIT APPLICATION

NYA City Hall (952) 467-1800

Permit No. \_\_\_\_\_

Date Issued: \_\_\_\_\_

Applicant:  Home Owner  Contractor/Builder Date \_\_\_\_\_

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

Property Address: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor/Builder: \_\_\_\_\_ License No: \_\_\_\_\_

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

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

Contact Info: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Type and Description of Work: (check all that apply) Estimated Value: \_\_\_\_\_

Residential  Commercial/Industrial

- Plumbing (select type)  Mechanical (select type)  New Construction  Re-roof
- Water Heater  Furnace / AC / Both  Alteration/Remodel  Re-side
- Water Softener  Fireplace  Addition  Window/Door Replace
- Other Plumbing  Other Mechanical  Deck  Misc

Description of Work/Other information: \_\_\_\_\_

**FILL IN BELOW FOR—New Construction, Addition, Deck, etc.**

SIZE OF STRUCTURE	COMPLETION DATE	ESTIMATED VALUE
PROPERTY DIMENSIONS	PROPERTY AREA OR ACRES	PROPOSED ELEVATION IN RELATION TO CURB OR WATERWAY
FRONT YARD set back from property line Ft.	REAR YARD set back Ft.	SIDE YARDS set back _____ Right Side _____ Left Side

**ACKNOWLEDGMENT AND SIGNATURE:**

I hereby agree that I have read this application and state that all information is true and correct to the best of my knowledge. I further agree that, in case such permit is granted, all work performed will be in accordance with the approved plans, specifications and conditions and to abide by all ordinances of said City of Norwood Young America applicable thereto. **I agree to pay all plan review fees even if I choose not to proceed with the work.** Permit will expire when work is not commenced within 180 days from date of permit, or if work is suspended, abandoned, or not inspected for 180 days. Work beyond the scope of this permit, or work without a permit or inspection will be subject to penalty.

**IMPORTANT:** If any water meters need to be moved, call 952-467-1861, at least 24 hours in advance to schedule. If any gas meters need to be moved, please contact your gas company.

DR \_\_\_\_\_ **FEES—Office Use Only**

Permit Fee \_\_\_\_\_

Plan Check Fee \_\_\_\_\_

State Surcharge \_\_\_\_\_

Penalty Fee \_\_\_\_\_

Site/Investigation Fee \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Plumbing Fee \_\_\_\_\_ S/C \_\_\_\_\_

Mechanical Fee \_\_\_\_\_ S/C \_\_\_\_\_

Furnace/AC Fee \_\_\_\_\_ S/C \_\_\_\_\_

Plumbing Fee \_\_\_\_\_ S/C \_\_\_\_\_

Other \_\_\_\_\_

Water Meter \_\_\_\_\_

SAC Charge \_\_\_\_\_

WAC Charge \_\_\_\_\_

Water Trunk \_\_\_\_\_

Sewer Trunk \_\_\_\_\_

Storm Water \_\_\_\_\_

Infrastructure Deposit \_\_\_\_\_

Park Dedication \_\_\_\_\_

Water Inspection \_\_\_\_\_

Sewer Inspection \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**TOTAL FEES** \_\_\_\_\_

**CODE ANALYSIS**

Type of Const \_\_\_\_\_

Use of Bldg \_\_\_\_\_

Occupancy Group \_\_\_\_\_

Occupancy Load \_\_\_\_\_

**SPECIAL APPROVALS**

Zoning \_\_\_\_\_

Fire Dept \_\_\_\_\_

Health Dept. \_\_\_\_\_

Public Works \_\_\_\_\_

County \_\_\_\_\_

Other \_\_\_\_\_

Cash Check Credit Card

Amt Paid: \$ \_\_\_\_\_ Check: # \_\_\_\_\_

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

PRINTED NAME & SIGNATURE OF APPLICANT

APPROVED BY BUILDING INSPECTOR

Submit Completed Application & Supporting Documents to:  
 Email: office@cityofnya.com  
 In Person: NYA City Hall - 310 Elm St W  
 Mail: City of NYA PO Box 59 NYA, MN 55368

**FOR INSPECTIONS CALL:**  
 Building Inspector: 101 Development Resources, Inc.  
 Office (320) 226-5189 Fax (651) 846-6034  
 Building Inspector Email: dri101@live.com