



# BUILDING PERMIT APPLICATION

City of Anoka · 2015 First Ave. No. · Anoka, MN 55303  
Phone 763-576-2720 · Fax 763-576-2727 · comdev@ci.anoka.mn.us

## OFFICE USE ONLY

### ITEMS

### FEEES

SITE ADDRESS: \_\_\_\_\_  
 LEGAL DESCRIPTION: LOT \_\_\_\_, BLK \_\_\_\_, \_\_\_\_\_  
 PROPERTY ID # \_\_\_\_\_  
 OWNER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY, STATE & ZIP: \_\_\_\_\_  
 PH: \_\_\_\_\_ CELL PH#: \_\_\_\_\_  
 ARCHITECT: \_\_\_\_\_ PH: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY, STATE, & ZIP \_\_\_\_\_  
 BUILDER: \_\_\_\_\_  
 PH: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 CONTACT NAME: \_\_\_\_\_  
 PH: \_\_\_\_\_ CELL #: \_\_\_\_\_  
 CONTRACTOR ID #: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_  
 Plan Review Fee \$ \_\_\_\_\_  
 State Surcharge \$ \_\_\_\_\_  
 City Surcharge \$ \_\_\_\_\_  
 City Sewer (City SAC) \$ \_\_\_\_\_  
 Metro Sewer (SAC) \$ \_\_\_\_\_  
 Water (WAC) \$ \_\_\_\_\_  
 Investigation Fee \$ \_\_\_\_\_  
 Engineering Fee \$ \_\_\_\_\_  
 Site Inspection Fee \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**TYPE OF WORK (√ all that apply)**  
 COMMERCIAL (REQUIRES PLAN REVIEW)  RESIDENTIAL  MULTI-FAMILY  
 Accessory Building  Addition  Alteration/Remodel  
 Basement Finish  Deck  Door Replacement  Foundation Only  
 New Construction  
 Re-Roofing  Siding Replacement  Window Replacement  Other  
 This property has a paved driveway:  Yes  No  Unknown  
**PROJECT DESCRIPTION:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**ESTIMATED VALUE OF JOB (Materials & Labor):** \$ \_\_\_\_\_  
**ACKNOWLEDGEMENT AND SIGNATURE:**  
*The undersigned hereby agrees that in case such permit is granted; that all work which shall be done and all materials which shall comply with the plans and specifications therefore herewith submitted and with all the ordinances of said City of Anoka applicable therein.*  
 X \_\_\_\_\_  
**SIGNATURE OF APPLICANT** **DATE OF APPLICATION**  
 \_\_\_\_\_  
**APPROVED BY** **DATE**

**CODE ANALYSIS**  
 Occupancy \_\_\_\_\_  
 Type of Construction \_\_\_\_\_  
 Use of Building \_\_\_\_\_  
 Occupancy Load \_\_\_\_\_  
 Variance Granted/Date: \_\_\_\_\_  
 Zoning District: \_\_\_\_\_  
 Height: \_\_\_\_\_ Hard Surface: \_\_\_\_\_  
 Required Setbacks: \_\_\_\_\_ Proposed Setbacks: \_\_\_\_\_  
 Front Yard \_\_\_\_\_ Front Yard \_\_\_\_\_  
 Rear Yard \_\_\_\_\_ Rear Yard \_\_\_\_\_  
 Side Yard \_\_\_\_\_ Side Yard \_\_\_\_\_  
 NOTES: \_\_\_\_\_  
 MATERIAL FILED WITH APPLICATION (2 OF EACH)  
 Soil Report(Commercial)  Energy Calculations  
 Plans & Specs.  Septic Design  
 Survey  
**FIRE SPRINKLER PLAN:**  Yes  No  
**SPECIAL APPROVAL**  
 Zoning \_\_\_\_\_  
 Fire Department \_\_\_\_\_  
 Health Department \_\_\_\_\_  
 Public Services \_\_\_\_\_  
 Anoka County \_\_\_\_\_  
 Other \_\_\_\_\_

DATE APPLICATION WAS RECEIVED