

Building Permit Application

Mail or email completed forms to:

Bobbi Hummel – Town of May
 PO Box 60
 Marine on St. Croix, MN 55047
 bobbi@townofmay.org

Please include homeowner name and/or address on forms if mailing separately

OFFICE USE ONLY:

Date Issued: _____
 Permit Number: _____
 Two Sets of Plans Received: _____
 Check Number: _____

Questions: 651.351.5051 inspjack@msn.com

Home Owner Name: _____
 Home Owner Telephone Number: _____
 Project Address or PID number: _____

Permit/Contractor Applicant: _____
 Permit/Contractor Mailing Address: _____
 Contractor License No. _____
 Contractor Telephone Number: _____ email: _____

Permit for: Building ___ Erect ___ Add ___ Alter ___ Repair ___ Valuation: \$ _____
 Type of Structure: _____
 Square Feet: _____ Length: _____ Width: _____ Height: _____

Description of Work (*attach site plan showing property boundaries; location of existing and proposed building; roads; driveways; wells; sewage disposal systems; shorelines on land; setbacks on land.*)

OFFICE USE ONLY	
Special Approvals Requirements	Received
Watershed Permit:	Not Required
Certified Property Survey:	Plan Check Fee \$
Variance:	Township Fee \$
Certificate of Compliance:	State Surcharge Fee \$
DNR Approval:	Building Permit Fee \$
Subject to Town of May Resolution No.:	
Other:	

Permit Approved on _____ by May Township. _____, Building Official

The applicant is hereby placed on notice that they must comply with all provisions of the applicable ordinances of the Town of May governing, Zoning, Shoreline Development, Sewage, Wells, and Building Code. Reference is specifically made to the fact that the town has ordinances establishing minimal building setbacks from roads, shorelines, and lot lines. There are requirements/codes for stormwater management and soil erosion control as well as private sewage and state well construction. Electrical permits are enforced by the State of Minnesota Board of Electricity.

The applicant hereby acknowledges that the validity of any permit is contingent upon the compliance of all work done and materials used with the plans and specifications herewith submitted, and with the applicable Ordinances of the Town of May.

Signature (*if agent, print principal's name and sign as agent*) _____ Date _____

Missing information may deem the application incomplete