

IMPORTANT — Complete ALL items. Mark boxes where applicable.

| | | | |
|-----------------------------|----------------|-------------|---------------|
| LOCATION OF BUILDING | Street Address | Zone | Plat & Parcel |
| | Lot | File Number | |
| | Block | Subdivision | |

TYPE AND COST OF BUILDING—All applicants complete

| | | | |
|---|--|--|---------------------|
| <p>PROPOSED USE—For "Wrecking" most recent use.</p> <p>RESIDENTIAL</p> <p><input type="checkbox"/> One Family</p> <p><input type="checkbox"/> Two Family</p> <p><input type="checkbox"/> Three Family</p> <p><input type="checkbox"/> Four Family</p> <p><input type="checkbox"/> Five or more Family</p> <p><input type="checkbox"/> Transient hotel, motel, or dormitory • Enter number of units _____ →</p> <p><input type="checkbox"/> Other • Specify _____</p> <p>NON-RESIDENTIAL</p> <p><input type="checkbox"/> Amusement, recreational</p> <p><input type="checkbox"/> Church, other religious</p> <p><input type="checkbox"/> Industrial</p> <p><input type="checkbox"/> Parking garage</p> <p><input type="checkbox"/> Service station, repair garage</p> <p><input type="checkbox"/> Hospital, institutional</p> <p><input type="checkbox"/> Office, bank, professional</p> <p><input type="checkbox"/> Public utility</p> <p><input type="checkbox"/> School, library, other educational</p> <p><input type="checkbox"/> Stores, mercantile</p> <p><input type="checkbox"/> Other • Specify _____</p> | <p>TYPE OF IMPROVEMENT</p> <p><input type="checkbox"/> New building</p> <p><input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any)</p> <p><input type="checkbox"/> Repair, replacement or Alteration</p> <p><input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building)</p> <p><input type="checkbox"/> Moving (relocation)</p> <p><input type="checkbox"/> Foundation only</p> | <p>COST. DATE</p> <p>Cost of improvement..... \$ _____</p> <p>To be installed but not included in above cost</p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>TOTAL COST OF IMPROVEMENT \$ _____</p> <p>ESTIMATED VALUE \$ _____</p> | <p>(Omit cents)</p> |
| <p>Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college parochial, school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.</p> | | | |

| | | | |
|--|---|---|--|
| <p>PRINCIPAL TYPE OF HEATING FUEL</p> <p><input type="checkbox"/> Gas</p> <p><input type="checkbox"/> Oil</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Coal</p> <p><input type="checkbox"/> Other • Specify _____</p> | <p>OWNERSHIP</p> <p><input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p><input type="checkbox"/> Public (Federal, State, or local government)</p> | <p>DIMENSIONS</p> <p>Number of stories.....</p> <p>Total square feet of floor area, all floors, based on exterior dimensions</p> <p>Total land area, sq. ft.....</p> | |
| <p>PRINCIPAL TYPE OF FRAME</p> <p><input type="checkbox"/> Masonry (wall bearing)</p> <p><input type="checkbox"/> Wood frame</p> <p><input type="checkbox"/> Structural steel</p> <p><input type="checkbox"/> Reinforced concrete</p> <p><input type="checkbox"/> Other • Specify _____</p> | <p>TYPE OF SEWAGE DISPOSAL</p> <p><input type="checkbox"/> Public or private company</p> <p><input type="checkbox"/> Individual (septic tank, etc.)</p> | <p>NO. OF OFF-STREET PARKING SPACES</p> <p>Enclosed</p> <p>Outdoors</p> | |
| | <p>TYPE OF WATER SUPPLY</p> <p><input type="checkbox"/> Public or private company</p> <p><input type="checkbox"/> Individual (well, cistern)</p> | <p>RESIDENTIAL BUILDINGS ONLY</p> <p>Number of bedrooms.....</p> <p>No. of bathrooms { Full</p> <p>Partial</p> | |

IV. IDENTIFICATION - To be completed by all applicants

| Name | Mailing address • Number, Street, City and State | Phone No. |
|-----------------|--|-----------|
| 1 Owner | | |
| 2 Contractor | | |
| 3 Architect | | |

- WATER MANAGEMENT DISTRI**
- Floodway
 - Flood Fringe
 - General Flood Plain
 - N.E. Waters
 - R.D. Waters
 - G.D. Waters
 - Wetlands

The owner of this building and the undersigned agree to conform to all applicable laws of the Town of Thomson, MN

| | |
|----------------------|-------------------|
| Firm | Contractor Lic. # |
| Authorized Signature | Date |

DO NOT WRITE IN THIS SPACE— FOR OFFICE USE

| | | | |
|-------------|----------|--------------------|---------------|
| Approved by | TEL. NO. | Date permit issued | Permit Number |
|-------------|----------|--------------------|---------------|

Fee _____

Plan Checking Fee _____

State Surcharge _____

TOTAL FEE _____