



**CITY OF RICE**  
 P.O. Box 179  
 Rice, MN 56367  
 (320) 393-2280

# Building Permit Application

Site Address: \_\_\_\_\_ Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address (if different from above, include City, State, Zip): \_\_\_\_\_

Legal Description: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: 5.00

Estimated Construction Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Contractor: \_\_\_\_\_ Contractor License # \_\_\_\_\_

Address (include City, State, Zip): \_\_\_\_\_ Phone: \_\_\_\_\_

Architect: \_\_\_\_\_ Phone: \_\_\_\_\_

Engineer: \_\_\_\_\_ Phone: \_\_\_\_\_

Zoning Classification: \_\_\_\_\_ Variance Required: \_\_\_\_\_ Easements: \_\_\_\_\_

Actual Structure Setbacks: Front Yard: \_\_\_\_\_ Rear Yard: \_\_\_\_\_ Side Yard (1): \_\_\_\_\_ Side Yard (2): \_\_\_\_\_

Lot Size: Width: \_\_\_\_\_ Length: \_\_\_\_\_ Corner Lot: Yes \_\_\_ No \_\_\_ Type of Construction \_\_\_\_\_

Dimensions: Height: \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_ Fire Suppression System: \_\_\_\_\_

Occupancy: Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Accessory \_\_\_\_\_ Other \_\_\_\_\_

New \_\_\_\_\_ Remodel \_\_\_\_\_ Addition \_\_\_\_\_ Demolish \_\_\_\_\_ Garage: Detached \_\_\_\_\_ Attached \_\_\_\_\_

Storage Shed \_\_\_\_\_ Deck \_\_\_\_\_ Porch \_\_\_\_\_ Fence \_\_\_\_\_ Pool \_\_\_\_\_ Lower Level \_\_\_\_\_

Description of Work: \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_

Mechanical Contractor: \_\_\_\_\_

Septic Installer: \_\_\_\_\_

I hereby certify that I have read and completed this application to the best of my knowledge and know the same to be true and correct. I attest that all provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other State or local law regulating construction or the performance of construction. This permit becomes null and void if work has not commenced within 180 days.

Value of Work (including labor):	_____
Permit Fee:	_____
Plan Review Fee:	_____
WAC / SAC Charges:	_____
Water Meter Fee:	_____
State Surcharge:	_____
Total Amount Due:	_____
Paid Check #:	_____

Separate permits are required for plumbing, mechanical and electrical. All inspections must be called in at least 24 hours in advance by contacting:

\_\_\_\_\_  
 Contractor / Owner's Name (Please Print)

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Authorized Signature Date

## AllSpec Services

14462 Ronneby Road NE, Foley, MN 56329  
 (320) 293-5298 – phone (320) 387-2703 – fax