

CITY OF AVON
140 STRATFORD ST E
P O BOX 69
AVON MN 56310

320-356-7922
320-356-2259 FAX

NO PERMIT (BUILDING OR ZONING) WILL BE ISSUED THE SAME DAY. PROCESSING OF AN APPLICATION COULD TAKE UP TO 10 DAYS.

OFFICE HOURS FOR AMY PEASE
ZONING/BUILDING PERMITS
MONDAY-THURSDAY 7:30A-3:30P
AMY.P@CITYOFAVONMN.COM

Michael Friedrichs
Certified Bldg Official
MN License# BO 786949

15120 Chippendale Avenue, Suite 202
Rosemount, MN 55068
Toll Free 1-800-322-6153

E-mail: mfriedrichs@inspectroninc.com
Phone: (320) 377-9029
Fax: (651) 322-7580



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Gopher State One Call



www.gopherstateonecall.org

FOR	Permit # _____	Permit Fee _____
OFFICE	PID # _____	Surcharge _____
USE	Date Recd _____	Plan Check _____
ONLY	Zoning District _____	Total Fee _____

City of Avon

PO Box 69 Avon MN 56310

PH (320) 356-7922 FAX (320) 356-2259

Residential Remodel Building Permit Application

1. Site Address _____, Avon MN 56310
2. Owner(s) _____ Daytime Phone _____
3. Owner's Address (if different from above) _____
4. Type of Improvement (circle those that apply) *Reside Reshingle Remodel Window Replace.*
5. If remodeling, describe in detail work to be done _____
6. Was this dwelling built before 1978? _____ If yes, Contractor No. _____
Lead Certification No. _____ Lead Certification License verified by: _____
7. If residing, describe type of siding _____
8. Approximate Start Date _____
9. Estimated Cost of Project (Including Materials & Labor): \$ _____
10. Licensed Contractor's Name & License No.: License No: _____
Name: _____ Phone: _____

If owner is acting as their own General Contractor they must sign the Licensed Contractor Disclaimer.

I hereby certify that I have read and examined this application and know the same to be true and correct. 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 all the provisions of any other state or local law regulating construction.

Authorized Signature of Owner or Contractor

Zoning Administrator

Building Official

This Permit Expires One Year From:

PROPERTY DISCLAIMER

The undersigned is the owner of record or the Builder of the following property located within the City of Avon, Stearns County, Minnesota, whose address is: _____; that as part of the process of obtaining a building/zoning permit, the undersigned certifies that all of the information in the application, plans and specifications are true and correct.

It is the responsibility of the undersigned to identify all property boundaries, all easements, all underground utilities (including sewer and water lines) and/or wetlands existing on the subject property and has identified them on his/her site plan and application.

The undersigned further agrees the City of Avon, and its' administrative staff and agents relied on the accurateness of this application, plans and specifications relative to this project and hold the City of Avon, and its employees harmless from all liability arising from the granting of this permit.

Signature of Property Owner/Builder

Date

BUILDING PERMIT APPLICANT: PROPERTY OWNER

I understand that the State of Minnesota requires that all residential building contractors, remodelers and roofers obtain a state license unless they qualify for a specific exemption from the licensing requirements. By signing this document, I attest to the fact that I am building or improving this house myself. I hereby claim to be exempt from the state licensing requirements because I am not in the business of building on speculation or for resale and that the house for which I am applying for this permit, located at _____, is the first residential structure I have built or improved in the past 24 months. I also acknowledge that because I do not have a state license, I forfeit any mechanic's lien rights to which I may otherwise have been entitled under Minnesota Statutes§514.01.

Furthermore, I acknowledge that I may be hiring independent contractors to perform certain aspects of the construction or improvement of this house and I understand that some of these contractors may be required to be licensed by the State of Minnesota. I understand that unlicensed residential contracting, remodeling, and/or roofing activity is a misdemeanor under Minnesota Statutes §326.92, Subd. 1, and that I would forfeit my rights to reimbursement from the Contractor's Recovery Fund in the event that any contractors I hire are unlicensed.

I also acknowledge that as the contractor on this project, I am solely and personally responsible for any violations of the State Building Code and/or City ordinance in connection with the work performed on this property.

Signature of Property Owner

Date

To determine whether a particular contractor is required to be licensed, or to check on the licensing status of individual contractors, please call the Minnesota Department of Commerce, Enforcement Division, at (612) 296-2594 or toll free at 1-800-657-3602.

PROPERTY DISCLAIMER

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It is the responsibility of the undersigned to identify all property boundaries, all easements, all underground utilities (including sewer and water lines) and/or wetlands existing on the subject property and has identified them on his/her site plan and application.

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Signature of Property Owner/Builder

Date

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent) _____

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

- I have no employees.
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____

Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.
This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.