

## **BUILDING PERMIT APPLICATION**

Please return application and plans as needed with the property address in the subject line to <a href="mailto:permits@daytonmn.gov">permits@daytonmn.gov</a>

APPLICANT IS:	OWN	NER	CONTRACTOR				
HOUSE IS 20+ YEARS OLD? DISCOUNTS MAY APPLY							
SITE ADDRESS:							
CITY:	STATE:		Z	ZIP:			
JOB DESCRIPTION:			·				
VALUATION:							
NEW CONSTRUCTION (	ONLY: LOT:	BLOCK:	SUBDIVISION:				
			·				
OWNER NAME:							
OWNER PHONE:							
OWNER EMAIL:							
GENERAL CONTRACTO	)R						
CONTRACTOR NAME:				LICENSE: BC			
CONTRACTOR ADDRES	SS:						
CONTRACTOR CITY, ST	ATE, ZIP:						
CONTRACTOR EMAIL:							
CONTRACTOR PHONE:							
	•						
PLUMBING CONTRACT	OR						
CONTRACTOR NAME:				LICENSE: PM			
CONTRACTOR ADDRES	3S:						
CONTRACTOR CITY, ST	ATE, ZIP:						
CONTRACTOR EMAIL:							
CONTRACTOR PHONE:							
DETAILS OF WORK:	•			# OF FIXTURES:			
MECHANICAL CONTRA	CTOR						
CONTRACTOR NAME:				LICENSE: MB			
CONTRACTOR ADDRESS:							
CONTRACTOR CITY, STATE, ZIP:							
CONTRACTOR EMAIL:							
CONTRACTOR PHONE:							
DETAILS OF WORK:							

SEWER /WATER CONTRACTOR (NEW CONSTRUCTION ONLY)						
METER INSTALLER (MASTER PLUMBER REQUIRED):						
LICENSE #:	CONTRACTOR PH	IONE:				
CONTRACTOR EMAIL:						

THE UNDERSIGNED HEREBY AGREES THAT, IN CASE SUCH PERMIT IS GRANTED, THAT ALL WORK WHICH SHALL BE DONE AND ALL MATERIALS WHICH SHALL BE USED SHALL COMPLY WITH THE PLANS AND SPECIFICATIONS HEREWITH SUBMITTED AND WITH ALL THE ORDINANCES OF SAID CITY OF DAYTON APPLICABLE HERETO.

NAME OF APPLICANT (please print)

APPLICANT SIGNATURE DATE

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## OFFICE USE ONLY

**BUILDING PERMIT TYPE:** 

ADDITIONAL FEES:

**MECHANICAL - WHAT UNITS/HOW MANY:** 

PLUMBING # OF FIXTURES:

## REQUIRED BUILDING INSPECTIONS:

FOOTING PORCH FOOTING MECHANICAL:

POURED WALL BUILDING FINAL ROUGH-IN

GARAGES LOWER LEVEL FRAME LOW PRESSURE AIR TEST

FOUNDATION SITE FINAL

FRAMING OTHER PLUMBING:

LATH SEPTIC TANK REMOVAL ROUGH-IN

FIREPLACE RPZ TEST REPORT FINAL

INSULATION PRESSURE REDUCING

DECK FOOTING VALVE

**REQUIRED APPROVAL** 

BUILDING INSPECTOR: DATE: ZONING ADMINISTRATOR: DATE:

**COMMENTS:**