



BUILDING PERMIT APPLICATION

Please return application and plans as needed with the property address in the subject line to permits@daytonmn.gov

APPLICANT IS:		OWNER	CONTRACTOR
HOUSE IS 20+ YEARS OLD? DISCOUNTS MAY APPLY			
SITE ADDRESS:			
CITY:		STATE:	ZIP:
JOB DESCRIPTION:			
VALUATION:			
NEW CONSTRUCTION ONLY:	LOT:	BLOCK:	SUBDIVISION:

OWNER NAME:	
OWNER PHONE:	
OWNER EMAIL:	

GENERAL CONTRACTOR	
CONTRACTOR NAME:	LICENSE: BC
CONTRACTOR ADDRESS:	
CONTRACTOR CITY, STATE, ZIP:	
CONTRACTOR EMAIL:	
CONTRACTOR PHONE:	

PLUMBING CONTRACTOR	
CONTRACTOR NAME:	LICENSE: PM
CONTRACTOR ADDRESS:	
CONTRACTOR CITY, STATE, ZIP:	
CONTRACTOR EMAIL:	
CONTRACTOR PHONE:	
DETAILS OF WORK:	# OF FIXTURES:

MECHANICAL CONTRACTOR	
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 PHONE:	
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

Please return application and plans as needed with the property address in the subject line to permits@daytonmn.gov

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 INITIAL MASTER PLAN LIKE MASTER PLAN

BUILDING INSPECTOR: **DATE:**

ZONING ADMINISTRATOR: **DATE:**

COMMENTS: