

CITY OF INVER GROVE HEIGHTS MISCELLANEOUS PERMIT APPLICATION

PERMIT #

1. _____
BUILDING SITE ADDRESS ZIP CODE

2. _____
OWNER NAME ADDRESS PHONE (HOME) (WORK)

3. _____
CONTRACTOR ADDRESS PHONE (FAX)

4. _____
ARCHITECT/ENGINEER ADDRESS PHONE (FAX)

TYPE OF PERMIT:

FENCE	<input type="checkbox"/>	POOL (ABOVE GROUND)	<input type="checkbox"/>
RETAINING WALL <4' HIGH	<input type="checkbox"/>	SIGN (TEMPORARY)	<input type="checkbox"/>
CONCRETE (FLAT WORK)	<input type="checkbox"/>	FEE ONLY	<input type="checkbox"/>
ASPHALT	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>

DESCRIBE WORK _____

VALUATION (Including Labor): _____

The undersigned acknowledges that he/she has read this application and that the above is correct and agrees to comply with all the ordinances and laws of the City of Inver Grove Heights regulating building construction.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT DATE

NOTICE: This is an application only. The Permit will be issued after city approval and payment of fees.

OFFICE USE ONLY

Application Accepted By	FEE TYPE	AMOUNT	RECEIPT CODE
Zoning	Permit Fee	_____	AL
Occupancy	Plan Review Fee	_____	AM
License No.	Misc. Permits (Sign, Fence)	_____	AR
Building Approval	MCWS Sac Charge	_____	BP
Planning Approval	Sewer Connection Fee	_____	BD
Engineering Approval	Water Connection Fee	_____	BC
Fire Marshal Approval	Water Treatment Fee	_____	CD
	Meter Sale	_____	WD
	Tax on Meter	_____	BQ
	Other Forms & Fees	_____	AS
Approved to Issue By	TOTAL FEE	_____	
Date Approved	Receipt # _____	Date Issued _____	Check # _____

SPECIAL CONDITIONS _____

NOTICE: Inspections made by the City are a public service and do not constitute any representation, guarantee or warranty, either implied or expressed, to any person as to the condition of the building inspected.

8150 BARBARA AVE. • INVER GROVE HEIGHTS, MN 55077 • INSPECTIONS 651-450-2550