

**CITY OF MOUNTAIN IRON  
BUILDING/ZONING PERMIT APPLICATION**

DATE APPROVED \_\_\_\_\_ PW \_\_\_\_\_ ZA \_\_\_\_\_ UTIL \_\_\_\_\_ PERMIT NO. \_\_\_\_\_

NAME OF OWNER \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_  
ADDRESS OF PROPERTY \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

LEGAL DESCRIPTION:  
Sec/Lot \_\_\_\_\_ Twp/Block \_\_\_\_\_ Rge/Subd \_\_\_\_\_ Parcel Code # \_\_\_\_\_

OWNER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ CONTRACT LIC. # \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

ARCHITECT \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

**PROJECT DESCRIPTION**

CLASSIFICATION OF USE: Residential \_\_\_\_\_ No. Dwelling Units \_\_\_\_\_ Mobile Home \_\_\_\_\_  
Industrial \_\_\_\_\_ Storage \_\_\_\_\_ Garage \_\_\_\_\_  
Commercial \_\_\_\_\_ Other \_\_\_\_\_

TYPE OF IMPROVEMENT: New \_\_\_\_\_ Addition \_\_\_\_\_ Alteration \_\_\_\_\_  
Repair \_\_\_\_\_ Wrecking \_\_\_\_\_ Moving \_\_\_\_\_ Foundation Only \_\_\_\_\_

TYPE OF FRAME: Wood \_\_\_\_\_ Structural Steel \_\_\_\_\_ Other \_\_\_\_\_  
Masonry \_\_\_\_\_ Reinf. Concrete \_\_\_\_\_

LOT SIZE (Sq. Ft./Ac) \_\_\_\_\_ NO. OF STORIES \_\_\_\_\_ Total Sq. Ft **ALL**  
TOTAL SQ. FT. STRUCTURE \_\_\_\_\_ SQ. FT. NEW \_\_\_\_\_ STRUCTURES \_\_\_\_\_

WATER SUPPLY: Mt. Iron \_\_\_\_\_ Virginia \_\_\_\_\_ Private Well \_\_\_\_\_

SEWAGE DISPOSAL: Public \_\_\_\_\_ Septic Tank \_\_\_\_\_ Mt. Iron Permit # \_\_\_\_\_

COST OF IMPROVEMENT	\$ _____	Applicable Fees – OFFICE USE ONLY			
Not included in above:			<u>Amount</u>	<u>Date OK'd</u>	<u>Initial</u>
a. Electrical	\$ _____	Zoning Permit	_____	_____	_____
b. Plumbing	\$ _____	Building Permit	_____	_____	_____
c. Heating/Air Cond.	\$ _____	Plan Review	_____	_____	_____
TOTAL COST OF IMPROVE.	\$ _____	State Surcharge	_____	_____	_____
		TOTAL	_____		

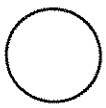
I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified here or not. The granting of a permit does not presume to regulate construction or the performance of construction.

\_\_\_\_\_  
Signature of Applicant

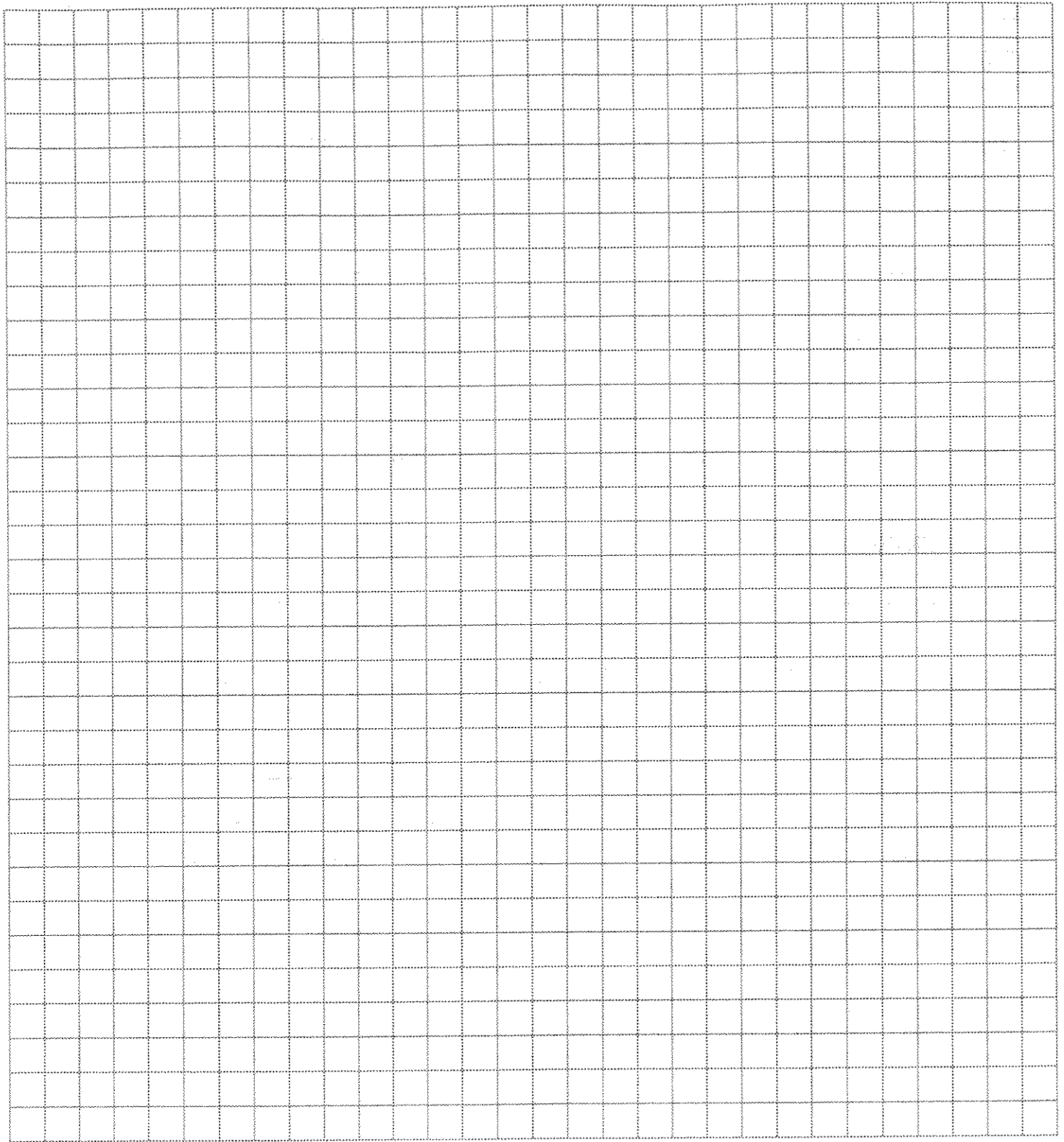
\_\_\_\_\_  
Date

**NOTICE NOTICE NOTICE NOTICE NOTICE NOTICE NOTICE NOTICE NOTICE**

- Applicant must provide site plan to scale on reverse side or attachment with dimensions, setbacks of all existing and proposed structures on lot.
- Separate permits are required for electrical, plumbing, and the use of public property such as streets, sidewalks, etc.
- In accordance with the State Building Code, two sets of construction plans shall be submitted with this application for any non-exempt structure. Plans for principal multi-family residences, commercial and industrial buildings shall be prepared by a registered architect.
- The Building Permit becomes null and void if work or construction authorized is not commenced within 180 days or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced.
- Permits will not be issued unless property is in compliance with Mountain Iron Code Sections 51.20 & 51.21.



INDICATE NORTH IN CIRCLE



SITE PLAN TO SCALE – SHOW DIMENSIONS OF LOT AND **ALL** EXISTING AND PROPOSED STRUCTURES, DISTANCES FROM FRONT, SIDE AND REAR LOT LINE SETBACKS TO **ALL** EXISTING AND PROPOSED STRUCTURES. SHOW ALLEY AND STREET NAMES ABUTTING LOT AND EASEMENTS.

I/We certify that the proposed construction will conform to the dimensions and uses shown and that no changes will be made without first obtaining approval.

Signature \_\_\_\_\_

Date \_\_\_\_\_



# CITY OF MOUNTAIN IRON

"TACONITE CAPITAL OF THE WORLD"

PHONE: 218-748-7570 • FAX: 218-748-7573 • www.mtniron.com  
8586 ENTERPRISE DRIVE SOUTH • MOUNTAIN IRON, MN • 55768-8260

## PERMIT OR LICENSE THAT IS BEING APPLIED FOR:

(Check all applicable.)

<input type="checkbox"/>	BUILDING PERMIT	<input type="checkbox"/>	VENDOR PERMIT
<input type="checkbox"/>	LIQUOR LICENSE	<input type="checkbox"/>	CIGARETTE LICENSE
<input type="checkbox"/>	OTHER (CONDITIONAL USE OR VARIANCE PERMIT)		

APPLICANT NAME: \_\_\_\_\_

NAME OF OWNER OF PROPERTY: \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_

\_\_\_\_\_

PARCEL CODE NUMBER: 175- \_\_\_\_\_ - \_\_\_\_\_

### PLEASE ANSWER THE FOLLOWING QUESTIONS.

	YES	NO
Is the property listed above connected to the municipal sewer system?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a basement on the property listed above?	<input type="checkbox"/>	<input type="checkbox"/>
Does the property listed above have an operating sump pump?	<input type="checkbox"/>	<input type="checkbox"/>
If so, where does the sump pump discharge?		

THE APPLICANT HEREBY CERTIFIES THAT TO THE BEST OF THEIR KNOWLEDGE, THE ABOVE INFORMATION IS CORRECT. THE APPLICANT ALSO CERTIFIES THAT THERE ARE NO DELINQUENT PROPERTY TAXES, SPECIAL ASSESSMENTS, PENALTIES, INTEREST OR MUNICIPAL UTILITY FEES DUE WITH RESPECT TO THE PARCEL OF REAL PROPERTY TO WHICH THIS APPLICATION RELATES.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Owner's Signature (If different than Applicant)

\_\_\_\_\_  
Today's Date