



# Castle Rock Township

Since 1858

Dakota County, Minnesota

2537 240th Street West, Farmington, MN 55024 [castlerocktownship.com](http://castlerocktownship.com)

PERMIT# \_\_\_\_\_

**Payments to Castle Rock Township must be received before any permits are issued**

## BUILDING PERMIT APPLICATION

Project Address	Street	City	State/Zip	Property Identification #
Applicant Name		Street Address		Applicant Telephone Number
City		State	Zip	Applicant Email
Owner Name		Street	City	State/Zip
Telephone				
Contractor's Name		Street	City	State/Zip
Contractor's State License Number (required)		Expiration Date		Telephone Number
Brief Project Description				Completed Value (includes labor and materials)
Intended Use				

### PROJECT INFORMATION ~ ALL APPLICATIONS MUST BE SUBMITTED DIRECTLY TO TOWNSHIP

PERMIT TYPE	PROJECT PROPOSED USE	TYPE OF CONSTRUCTION			ZONING DISTRICT
<input type="checkbox"/> Building	<input type="checkbox"/> Residential	<input type="checkbox"/> New Construction	<input type="checkbox"/> Siding	<input type="checkbox"/> Demolition	<input type="checkbox"/> AGP - Agricultural
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Commercial	<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Window/Door Replacement	<input type="checkbox"/> Relocation	<input type="checkbox"/> RR-I - Rural Residential
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Addition	<input type="checkbox"/> Repair	<input type="checkbox"/> Fireplace	<input type="checkbox"/> RR-II-RuralResidential (platted)
<input type="checkbox"/> Ag Zoning	<input type="checkbox"/> Industrial	<input type="checkbox"/> Interior Remodel	<input type="checkbox"/> Furnace/Water Heater	<input type="checkbox"/> Fence/Wall	<input type="checkbox"/> CI - Commercial Industrial
	<input type="checkbox"/> Multi Family (+5)	<input type="checkbox"/> Deck/Porch	<input type="checkbox"/> Plumbing	<input type="checkbox"/> In Ground Pool	<input type="checkbox"/> SO - Shoreland Overlay
	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Sprinkler Installation	<input type="checkbox"/> Above Ground Pool	<input type="checkbox"/> FO - Flood Plain Overlay
	<input type="checkbox"/> Public	<input type="checkbox"/> Roofing	<input type="checkbox"/> Sprinkler Repair	<input type="checkbox"/> Other	<input type="checkbox"/> Conservancy Overlay

**Notice: Separate permits are required for plumbing, heating, fireplace installation, electrical work and installation of the septic system. The permit shall become null and void unless work or construction authorized by the permit is not commenced within 180 days after its issuance, or if the work authorized by the permit is suspended or abandoned for a period of 180 days after the time the work is commenced as determined by Inspector.**

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 the provision of any other State or Local law regulating construction or the performance of construction. On-site Building Inspector reserves the right to review requirement for soil erosion and sediment control that may be required during construction. This building permit may be suspended or revoke if the permit has been issued in error or on the basis of incorrect information supplied or in violation of any ordinance or regulation of Castle Rock Township. All permit fees and other costs to review the application that are incurred by the Township for professional consultants, will be paid prior to issuance of the Building Permit. Interest will not be paid out on escrow dollars and any interest earned on the account will go into the general account for administration fees. Work beyond the scope of this permit, or work without a permit or inspection, will be subject to penalty.

Signature of Applicant (Owner or Contractor)

Date

**Building Official: INSPECTRON INC.**

15120 Chippendale Ave. Suite 202  
Rosemount, MN 55068

Main Office: 651-322-6626

Fax Number: 651-322-7580  
Toll Free: 800-322-6153

**Building Permit Approval/Building Official**

By: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY. STATUTE REQUIRED DATES:

Original Application Rec'd: \_\_\_\_\_ Notice of Incomplete App Sent (must be within 15 business days): \_\_\_\_\_ Completed App Rec'd: \_\_\_\_\_

Final Determination Must Be Made (60 days from Completed App): \_\_\_\_\_ Planning Commission Approval: \_\_\_\_\_ Routed to Inspector: \_\_\_\_\_

Received Back From Inspector: \_\_\_\_\_ Board of Supervisor Approval: \_\_\_\_\_ Extension (If Necessary): \_\_\_\_\_

Additional Notes: \_\_\_\_\_

**Pmt Info:** Date: \_\_\_\_\_ Paid: \_\_\_\_\_ Check No: \_\_\_\_\_ Receipt No: \_\_\_\_\_ Rec'd By: \_\_\_\_\_

REVISED: 05/19/21