

**CITY OF ASKOV**  
**LAND USE PERMIT**  
**6369 KOBMARGERGADE, PO BOX 245**  
**ASKOV, MN 55704**  
**320-838-3616**

[Cityofaskov55704@gmail.com](mailto:Cityofaskov55704@gmail.com)

**SITE INFORMATION**

**Date Applied:** \_\_\_\_\_

Project address: \_\_\_\_\_ Parcel No. (Required) R34. \_\_\_\_\_ - \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

**PROJECT DESCRIPTION:**

Description of work to be done. (New Residential, Commercial, etc).

\_\_\_\_\_

\_\_\_\_\_ Square Footage \_\_\_\_\_

Front Width \_\_\_\_\_ Side Width \_\_\_\_\_ Height \_\_\_\_\_

Please include a sketch of the project including distance from all property lines.

**Contractor Information:**

Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

**Licensed Contractor's Declaration:**

I hereby affirm that I am Minnesota licensed contractor. BC Lic. # \_\_\_\_\_

Signature: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Owner/Builder Declaration**

I hereby affirm that I am exempt from the State Contractor's License Law: I am building or improving my property by myself. I claim to be exempt from the State License requirements because I am not in the business of building or speculation or for resale and this is the first residential structure that I have built or improved in the past 24 months. (Owner/Builder must also file "Property Owner Waiver" if the contractor's license number is not listed on this application)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**APPLICANTS SIGNATURE** (Check one)  Owner  Contractor  Authorized Agent

I hereby certify that I have read this application and state that the above information is correct and that I am the owner or the duly authorized agent of the owner. I agree that all work will be completed within one (1) year of approval of this permit. I agree that all work will comply with all ordinances and codes of the City of Askov, the State of Minnesota and rulings of the building department. I hereby authorize representatives of the City of Askov to enter upon the above-mentioned property for inspection purposes. I understand the issuance of a permit and the inspections conducted does not constitute any sort of guarantee from the City of Askov that the structure is in perfect compliance with the State Building Code. The City of Askov suggests that the owner have photographic historical reference of construction including but not limited to, structure, plumbing, electrical, and all other utilities.

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Signature

Print Name

Date

**THERE IS A \$50 FEE DUE WITH THE APPLICATION. MAKE CHECKS PAYABLE TO:  
CITY OF ASKOV**

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**OFFICE USE ONLY:**

**CONTRACTOR LICENCSE VARIFIED:** \_\_\_\_\_

**PERMIT NUMBER:** \_\_\_\_\_ **DATE APPROVED:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_ **FEE PAID** \_\_\_\_\_

Permit Number: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

## **Property Owner Waiver Minnesota State Contractor Licensing Requirements**

*The purpose of this form is to have property owners acknowledge their responsibilities to the Minnesota State Building Code, to Zoning Ordinances, and to other applicable rules and regulations when they are acting as general contractor in building projects.*

I understand that the State of Minnesota requires that all Residential Building Contractors, Remodelers, and Roofers, obtain a State License unless they qualify for a specific exemption from the licensing requirements. By signing this waiver, I attest to the fact that I am building or improving my property by myself. I claim to be exempt from the State License requirements because I am not in the business of building on speculation or for resale and this is the first residential structure that I have built or improved in the past 24 months.

I acknowledge that because I do not have a State License, I forfeit any mechanic's lien rights to which I may otherwise have been entitled under Minnesota State Statute 514.01.

I acknowledge that I may be hiring independent contractors to perform certain aspects of the construction or improvement of this property. Some of these contractors may be required to be licensed by the State of Minnesota. I understand that unlicensed residential contracting, remodeling and/or roofing activity is a misdemeanor under Minnesota State Statute 326.92, subdivision 1 and that I forfeit my rights to reimbursement from the Contractor's Recovery Fund in the event that any contractors that I hire are unlicensed.

I also acknowledge that as the contractor on the project, I am solely and personally responsible for any violations of the State Building Code and/or jurisdictional Ordinance in connection with the work performed on this property.

\_\_\_\_\_  
*Signature or Property Owner*

\_\_\_\_\_  
*Project Address*

\_\_\_\_\_  
*Date*

**PLEASE RETURN THIS SIGNED WAIVER WITH THE BUILDING PERMIT APPLICATION**

*To determine whether a particular contractor is required to be licensed, or to check on the licensing status of an individual contractor, call the Minnesota Department of Commerce, Enforcement Division at 651-296-2594 or 1-800-657-3602*