

# CITY OF ROCKVILLE STRUCTURE PERMIT APPLICATION

**Accessory Building (200 square feet or less or Agricultural use only)**

P.O. Box 93 - 229 Broadway Street East - Rockville MN 56369 – Phone: 320-251-5836 – Fax: 320-240-9620

[www.rockvillecity.org](http://www.rockvillecity.org) – Email: [cityhall@rockvillecity.org](mailto:cityhall@rockvillecity.org)

Property Owner Name	Property Address	Property Identification Number (PIN)
Contractor's Name	Contractor's Address	Property Owner Phone Number
Contractor's State License Number	Expiration Date	Contractor Phone Number
Project Description		Contractor Fax Number or Email Address

<b>Project Proposed Use</b>	<b>Type of Construction – (Site Plan Required/No Construction Plans Required)</b>	<b>NOTE:</b> Separate permit(s) required for mechanical, plumbing, and/or electrical.
<input type="checkbox"/> Residential	<input type="checkbox"/> Accessory Building ( <b>200 square feet or less</b> )	
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Accessory Building for Agricultural Use Only	
<input type="checkbox"/> Driveway	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Stairs		
<input type="checkbox"/> Fence (less than 6' tall)		

**AGREEMENT:** I hereby acknowledge that I have read this application and state that all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with approved plans, specifications and conditions, and to abide by all of the ordinances of City of Rockville regarding actions take pursuant to this application. Any plans submitted herewith shall become part of the permit application. This application shall not be considered a complete application until the proposed building site has been stated by the applicant. Incomplete applications shall expire six (6) months from the date of application. It is the responsibility of the applicant to obtain any other necessary permits from their city. Signature of this application authorizes City of Rockville Staff to enter upon the property to perform needed inspections. Entry may be without prior notice. By signing you give the City of Rockville the right to access the project address above at any given time to do water, sewer, and/or any mitigation inspections.

_____ Property Owner Signature	_____ Date
_____ Contractor Signature	_____ Date

**AGRICULTURE AGREEMENT:** I hereby acknowledge that the above project is for agricultural use only.

_____ Property Owner Signature	_____ Date
_____ Contractor Signature	_____ Date

**SEWER EASEMENT AGREEMENT:** I recognize a sewer easement on my property and I am solely responsible for any potential repairs resulting in the above project in the sewer easement area. A valid signature will be required prior to City of Rockville reviewing permit application.

_____ Property Owner Signature	_____ Date
_____ Contractor Signature	_____ Date

Conditions \_\_\_\_\_

Permit Approval/Zoning Administrator \_\_\_\_\_ Date \_\_\_\_\_

Permit Fee: **\$30.00** Permit No. \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_