

# RESIDENTIAL DECK PERMIT APPLICATION

Permit No. \_\_\_\_\_

**City of Hutchinson  
 Planning/Zoning/Building  
 111 Hassan St SE  
 Hutchinson, MN 55350  
 Phone: 320-234-4216  
 Fax: 320-234-4240**

<i>Office Use Only</i>	
Date Received: _____	
City PID: _____	Lot: _____ Block: _____
Addition: _____	
_____	
Occupancy Group _____	Type of Construction _____
Census No. _____	Deck. Sq. Feet _____
Zoning District: _____	

Check appropriate boxes:       New Construction       Repair       Remodel

Project Street Address: \_\_\_\_\_

Owner: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Contractor: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_

Address: \_\_\_\_\_ **Contractor License No.** \_\_\_\_\_

Was structure constructed prior to 1978?  Yes  No      Is contractor a licensed Lead Renovator?  Yes  No

Description of proposed construction include dimension/size & building type. **Please attach survey/site plan.** \_\_\_\_\_

Applicant's Estimated Construction Cost (including materials & labor) \$ \_\_\_\_\_

*Minnesota Statute Chapter 216D requires that the EXCAVATOR must call **GOPHER STATE ONE-CALL** at 1-800-252-1166 at least 48 hours before beginning excavation. Hand digging is required when excavating within two feet of the markings.*

**DEPENDING ON SCOPE OF WORK A SURVEY MAY BE REQUIRED.**

All electrical work must be inspected by the state electrical inspector. Call (320)593-2880 between 7:00 am and 8:30 am weekday

<p style="text-align: center;"><b>Inspections Required</b></p> <p>Footing      <input type="checkbox"/></p> <p>Framing      <input type="checkbox"/></p> <p>Final      <input type="checkbox"/></p>	<p>Construction Value in Accordance with State Valuation Tables \$ _____</p> <p><input type="checkbox"/> <b>BUILDING PERMIT FEES</b>      <input type="checkbox"/> <b>LAND USE PERMIT FEES</b></p> <p>Building Permit      \$ _____      Land Use Permit      \$ _____</p> <p>Plan Review      \$ _____</p> <p>State Surcharge      \$ _____</p> <p>Subtotal Bldg Fees \$ _____</p> <p style="text-align: right;"><b>Total Permit Fees Due      \$ _____</b></p>
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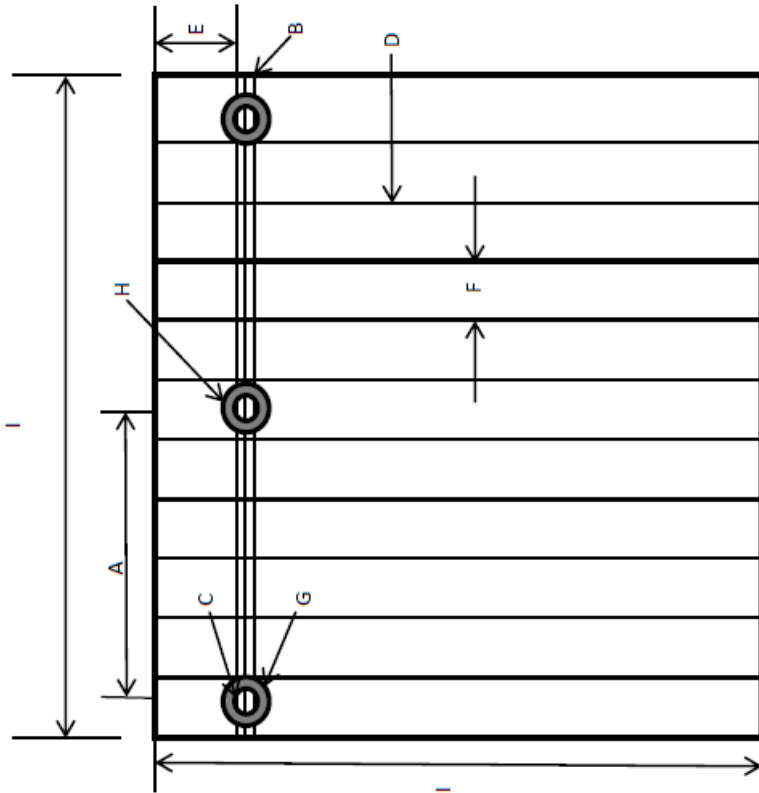
The undersigned acknowledges that he/she has read this application and the above information is correct and accurate. Applicant also understands by signing this application that he/she could be held responsible as representative of this project for any violation of compliance with all applicable laws and ordinances of the City of Hutchinson including survey/plan review notes pertaining to setbacks, easements and property lines.

This permit may become 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 is commenced.

\_\_\_\_\_  
 Signature of Applicant      Date: \_\_\_\_\_

Comments or conditions: _____	
This is an application only. Permit will be issued after City approval and payment of fees.	
_____ Authorized Approval Signature	_____ Date: _____ Approval Date

# SAMPLE DECK PLAN



EXISTING HOUSE

**FILL IN THE BLANKS:**

- A. SPACING IN BETWEEN POSTS \_\_\_\_\_
- B. BEAM SIZE (2 - 2 X 10, ETC.) \_\_\_\_\_
- C. POST SIZE (4 X 4; 6 X 6; ETC.) \_\_\_\_\_
- D. JOIST LENGTH AND SIZE \_\_\_\_\_
- E. JOIST OVERHANG \_\_\_\_\_
- F. SPACING BETWEEN JOISTS (12", 16", OR 24" O.C.) \_\_\_\_\_
- G. CORNER FOOTING SIZE \_\_\_\_\_
- H. INTERMEDIATE FOOTING SIZE \_\_\_\_\_
- I. OVERALL DECK SIZE \_\_\_\_\_
- J. TYPE OF MATERIAL (CEDAR, TREATED, ETC.) \_\_\_\_\_
- K. HEIGHT ABOVE GROUND \_\_\_\_\_
- L. TYPE OF DECKING (5/4" X 6", 2" X 6", ETC.) \_\_\_\_\_

SPECIAL NOTE:  
A COMPLETE AND DETAILED DECK PLAN WILL RESULT  
IN A COMPLETE AND DETAILED PLAN REVIEW.