

CITY OF SARTELL
REQUEST/QUOTE FOR ESTIMATED PERMIT FEES

This document is for estimating fees for a proposed project. The actual cost for fees may vary. This is not an approval for work to begin or for permits to be issued.

Date: _____ Owner: _____

Phone: _____ Fax: _____ Email: _____

Project Name: _____

Project Location: _____

Estimated Construction Valuation Of Project (minus land): _____

Building Use Type (circle all that apply): 1 & 2 family res./Multifamily/Retail/Business/Vehicle Repair/Medical/Storage-Warehouse/Educational/Institutional/Assembly/Hazardous storage or use

Describe the intended use: _____

Floor Area Of Each Use: _____

Seating Capacity (assembly use): _____

Number Of Dwelling Units (multi family) _____

Signature: _____ Name: _____

To be completed by City

Estimated Permit Fee: _____ Surcharge: _____

Plan Review Fee: _____ Land Disturbance Fee: _____

Estimated WAC/SAC Fees: _____

City Official: _____ Date: _____

**Additional fees may apply for plumbing, HVAC, fire suppression or alarms,
water meter, park dedication, etc.**

This estimate for fees is based on the information provided above and is subject to change.