

STAFF ONLY



BUILDING PERMIT APPLICATION

Site copy City copy Permit # _____ - _____

Rcvd Date: _____ Apvd Date: _____

Fee Rcvd Date: _____ Prmt Close Date: _____

TO BE FILLED OUT BY APPLICANT - INCOMPLETE APPS MAY NOT BE PROCESSED

SITE ADDRESS: _____ **PID:** _____

- 1) Was the home constructed before 1978? (**YES** , continue with line 2, **NO** continue without completing EPA Sect.)
- 2) Will work disturb ≥6 sq ft of int. painted surfaces or ≥20 sq ft of ext. painted surfaces? (**YES** go to line 4, **NO** line 3)
- 3) Are there any windows being replaced? (**YES** , go to line 4, **NO** continue without completing EPA Section)
- 4) Has this home been Certified Lead Free? (**YES** , you **MUST** Attach Certification Information, **NO** complete line 5)
- 5) EPA Contractor Certification Number: **NAT** -

PROPERTY OWNER: _____ Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Contact Name: _____ Phone: _____

CONTRACTOR: _____ Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Contractor License No.: _____

Contact Name: _____ Phone: _____

ARCHITECT: _____ Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Contact Name: _____ Phone: _____

TYPE OF WORK:	<input type="checkbox"/> New Construction	<input type="checkbox"/> Demolition	<input type="checkbox"/> Re-Side
	<input type="checkbox"/> Commercial	<input type="checkbox"/> Deck/Porch	<input type="checkbox"/> Fence
<input type="checkbox"/> Residential	<input type="checkbox"/> Finish Basement	<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Window/Door Rplcmnt, # _____
EST. VALUE OF WORK	<input type="checkbox"/> Remodel	<input type="checkbox"/> Misc Other	<input type="checkbox"/> Plumbing-detail on Page 2
	<input type="checkbox"/> Addition	<input type="checkbox"/> Re-Roof	<input type="checkbox"/> Mechanical-detail on Page 2

Does this permit included all work planned at this time? **Yes** = this is comprehensive **No** = detail future plans

Detailed Description of Work: _____

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required & authorizes the Zoning Administrator or designee & the Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice. I hereby acknowledge that I have read this application & state that all information is true & correct to the best of my knowledge. I further agree that all work performed will be in accordance with approved plans, specifications & conditions & to abide by all ordinances of the Municipality & the laws of the State of MN regarding actions taken pursuant to this permit. I agree to pay all plan review fees even if I choose not to proceed with the work. Permit expires when work is not commenced within 180 days from date of permit, or if work is suspended, abandoned, or not inspected for 180 days. Work beyond the scope of this permit, or work without a permit or inspection, will be subject to a penalty.

SIGNATURE OF APPLICANT: _____ DATE: _____

PRINTED NAME: _____ **This is the signature of:** Owner or Owner's Representative

OFFICE USE ONLY

Valuation: \$ _____ OCCUP. TYPE: _____ CONST. TYPE: _____ CODE: _____ BLDG SPRINKLED Y/N _____

Permit Fee: \$ _____	3/312 101-33210	Plmb. Fee (from pg 2): \$ _____	3/334 101-32212
Plan Review Fee: \$ _____	3/313 101-33211	Mech. Fee (from pg 2): \$ _____	3/333 101-32213
State Surcharge: \$ _____	3/315 101-22803	SAC(____ Units X \$3,379): \$ _____	37/3701 601-37151
S.E.C. Fee: \$ _____	3/312 101-32210	WAC(____ Units X \$2,692): \$ _____	38/3801 602-37251
Investig./Other Fee: \$ _____	3/336 101-35108	_____ : \$ _____	
License Check (\$5): \$ _____	3/347 101-33218	TOTAL DUE: \$ _____	

Conditions: _____

Permit Approved By: _____ DATE: _____

Printed Name: _____ Dept: _____

Paid: _____ Date: _____ Receipt No.: _____ By: _____

**MECHANICAL AND PLUMBING
ADD-ON PAGE TO BUILDING PRMT APP**

Please check one

- Mech Permit Plmb Permit
(for issuance PG. 1 and PG. 2 must be complete)

MECHANICAL INFORMATION

Contractor:		Address:	
City:	State:	Zip:	Fax:
State Bond No:		Contact Name:	
Email:		Contact Phone:	

Detailed Description of Work:

Indicate type of project, fixtures, and Gas Lines you will be installing or replacing (include count for each type of fixture):

MECHANICAL FIXTURES		GAS LINES	
Quantity	Quantity	Quantity	Quantity
_____ Furnace	_____ Gas Log	_____ Furnace	_____ Stove
_____ A/C System	_____ Kitchen Fan	_____ Fireplace	_____
_____ Air Exchanger	_____ Bath Fan	_____ Unit Heater	_____
_____ Fireplace	_____ Grill	_____ Water Heater	_____
_____ Unit Heater	_____	_____ Grill	_____
_____ In Floor Heat	_____	_____ Dryer	_____

- Replacement (1 fixture only, no piping/vent changes)
- Addition/Remodel
- New Construction
- Other _____

Office Use Only:

Mechanical Permit Fee: \$ _____
 State Surcharge: \$ _____
 Other: \$ _____
Total Mechanical Permit: \$ _____

PLUMBING INFORMATION

Contractor:		Address:	
City:	State:	Zip:	Phone:
Plumbers License No:		State Bond No:	
Contact Name:		Contact Phone:	
Email:		Fax:	

Detailed Description of Work:

Indicate type of project, fixtures, and Gas Lines you will be installing or replacing (include count for each type of fixture):

PLUMBING FIXTURES		
Quantity	Quantity	Quantity
_____ Water Heater	_____ Shower	_____ Laundry Tub
<input type="checkbox"/> Gas <input type="checkbox"/> Electrical	_____ Dishwasher	_____ Rough-In Future Fixture
_____ Water Softener	_____ Clothes Washer	_____ Sump
_____ Lawn Sprinkler System	_____ Ice Maker Line	_____ Water Piping System
_____ Water Closet (Toilet)	_____ Hose Bib	_____ Floor Drain
_____ Lavatory (Wash Basin)	_____ Bathtub	_____

- Replacement (1 fixture only, no piping/vent changes)
- Addition/Remodel
- New Construction
- Other _____

Office Use Only:

Plumbing Permit Fee: \$ _____
 State Surcharge: \$ _____
 Other: \$ _____
Total Plumbing Permit: \$ _____