

Handout Given

Lead Handout Given

SITE ADDRESS: _____ PID: _____

- 1) Was the home constructed before 1978? (YES , continue with line 2, NO continue without completing EPA Section)
- 2) Will the work disturb ≥6 sq ft of interior painted surfaces or ≥20 sq ft of exterior 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: _____ Phone: _____ Fax: _____

Contractor License No: _____ Contact Name: _____ Phone: _____

Email: _____

ARCHITECT: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Email: _____ Contact Name: _____ Phone: _____

TYPE OF WORK: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential EST. VALUATION OF WORK \$ _____ <i>Square feet:</i> _____	<input type="checkbox"/> New Construction	<input type="checkbox"/> Deck	<input type="checkbox"/> Re-Roof
	<input type="checkbox"/> Change of Use	<input type="checkbox"/> Pool	<input type="checkbox"/> Re-Side
	<input type="checkbox"/> Finish Basement	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Fence ____ ≤ 7' ____ > 7'
	<input type="checkbox"/> Remodel	<input type="checkbox"/> Porch	<input type="checkbox"/> Shed (≤ 200 sq ft)
	<input type="checkbox"/> Addition	<input type="checkbox"/> Demolition	<input type="checkbox"/> Window/Door Replacement
	<input type="checkbox"/> Garage-Attached/Detach	<input type="checkbox"/> Plumbing-provide detail on Page 2	<input type="checkbox"/> # being replaced _____
Detailed Description of Work:	<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Mechanical-provide detail on Page 2	<input type="checkbox"/> Misc Other

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required and authorizes the Zoning Administrator or designee and 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 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 ordinances of the Municipality and the laws of the State of Minnesota 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

OCCUP. TYPE: _____ CONST. TYPE: _____ CODE: _____ BLDG SPRINKLED Yes / No

VALUATION: \$ _____

Permit Fee: \$ _____	Park Dedication: \$ _____
Plan Review Fee: \$ _____	SAC Charge: \$ _____
State Surcharge: \$ _____	WAC Charge: \$ _____
Site Inspection Fee: \$ _____	Sewer Hook-Up: \$ _____
\$ _____	Water Hook-Up: \$ _____
Investigation Fee / Other Fee: \$ _____	Water Meter \$ _____
Copy Charge (\$.25 per 8.5 x11 page) \$ _____	Sewer Trunk \$ _____
License Check (\$5) / Lead Check (\$5) \$ _____	Water Trunk \$ _____
SUB-TOTAL \$ _____	Other \$ _____
Plumbing Fee (from Page 2) \$ _____	TOTAL DUE: \$ _____
Mechanical Fee (from Page 2) \$ _____	

Special Conditions/Required Setbacks: _____

Building Approval By: _____ DATE: _____

Printed Building Approval By: _____ License Verification Lead Verification - Checked By: _____

City Approval By: _____ DATE: _____

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

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

OFFICE USE ONLY

MECHANICAL PERMIT _____

PLUMBING PERMIT _____

FOR PERMIT ISSUANCE

PAGE 1 and PAGE 2 should be complete

MECHANICAL INFORMATION

Mechanical Contractor:			Address:		
City:	State:	Zip:	Phone:	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	
<u>Quantity</u>	<u>Quantity</u>	<u>Quantity</u>	<u>Quantity</u>
_____	Furnace	_____	Kitchen Fan
_____	Air Conditioning System	_____	Bath Fan
_____	Air Exchanger	_____	Grill
_____	Fireplace	_____	_____
_____	Unit Heater	_____	_____
_____	In Floor Heat	_____	_____
_____	Gas Log	_____	_____
_____	_____	_____	Furnace
_____	_____	_____	Fireplace
_____	_____	_____	Unit Heater
_____	_____	_____	Water Heater
_____	_____	_____	Grill
_____	_____	_____	Dryer
_____	_____	_____	Stove

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

Office Use Only:

Mechanical Permit Fee: \$ _____

Gas Line Permit Fee: \$ _____

State Surcharge: \$ _____

Other: \$ _____

Total Mechanical Permit: \$ _____

PLUMBING INFORMATION

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

Detailed Description of Work:

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

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

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

Office Use Only:

Plumbing Permit Fee: \$ _____

State Surcharge: \$ _____

Other: \$ _____

Total Plumbing Permit: \$ _____