

CITY OF NOWTHEN  
8188 199th Ave NW  
Nowthen, MN 55330  
Phone: 763-441-1347

PLEASE CALL  
MNSPECT  
(952)442-7520  
for inspections

PAGE 1

- Handout Given  
 Lead Handout Given

BUILDING PERMIT

Routed to MNSPECT

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

SITE ADDRESS: \_\_\_\_\_ LEGAL: \_\_\_\_\_

- 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: \_\_\_\_\_

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

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: \$ _____	Driveway Permit: \$ _____
	State Surcharge: \$ _____	Zoning Review: \$ _____
	Site Inspection Fee: \$ _____	Engineer Review: \$ _____
	Investigation Fee / Other Fee: \$ _____	Other: \$ _____
	Copy Charge (\$.25 per 8.5 x11 page) \$ _____	
	License Check (\$5) / Lead Check (\$5) \$ _____	
	Plumbing Fee (from Page 2) \$ _____	
	Mechanical Fee (from Page 2) \$ _____	
	<b>SUB-TOTAL \$ _____</b>	<b>TOTAL DUE: \$ _____</b>

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: \_\_\_\_\_

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):

<b>MECHANICAL FIXTURES</b>		<b>GAS LINES</b>	
<u>Quantity</u>	<u>Quantity</u>	<u>Quantity</u>	<u>Quantity</u>
_____ Furnace	_____ Kitchen Fan	_____ Furnace	_____
_____ Air Conditioning System	_____ Bath Fan	_____ Fireplace	_____
_____ Air Exchanger	_____ Grill	_____ Unit Heater	_____
_____ Fireplace	_____	_____ Water Heater	_____
_____ Unit Heater	_____	_____ Grill	_____
_____ In Floor Heat	_____	_____ Dryer	_____
_____ Gas Log	_____	_____ 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):

<b>PLUMBING FIXTURES</b>		<u>Quantity</u>
_____ Water Heater	_____ Shower	_____ Laundry Tub
<input type="checkbox"/> Gas <input type="checkbox"/> Electric	_____ 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 (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: \$ \_\_\_\_\_**