

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 4)
- 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:	Commercial	Residential	New Construction	Deck	Pool	Re-Roof
	EST. VALUATION OF WORK		Change of Use	Retaining Wall	Porch	Re-Side
\$ _____			Finish Basement	Demolition	Fence _____ ≤ 7' _____ > 7'	
Square feet: _____			Remodel	Fire Sprinkler	Shed (≤ 200 sq ft)	
Detailed Description of Work:		Garage-Attached/Detach		Fire Alarm	Window/Door Replacement	
		Accessory Structure		Plumbing-provide detail on Page 2	# being replaced _____	
				Mechanical-provide detail on Page 2	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: \$ _____		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) \$ _____			
SUB-TOTAL \$ _____		TOTAL DUE: \$ _____	

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 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	_____ 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: \$ _____
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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		
<u>Quantity</u>	<u>Quantity</u>	<u>Quantity</u>
_____ Water Heater	_____ Shower	_____ Laundry Tub
Gas _____ 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: \$ _____
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