

CITY OF SPRING PARK

4349 Warren Avenue

Spring Park, MN 55384

Phone: 952-471-9051 Fax: 952-471-9160

PAGE 1

BUILDING PERMIT

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 -** (applies to contractor only)

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	<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
EST. VALUATION OF WORK \$ _____ Square feet: _____	<input type="checkbox"/> Finish Basement	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Fence _____
	<input type="checkbox"/> Remodel	<input type="checkbox"/> Porch	<input type="checkbox"/> Shed _____
Detailed Description of Work:	<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	# being replaced _____
	<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.

Noise Ordinance In Effect: MONDAY - FRIDAY Before 7 a.m. and after 10 p.m. Weekends/Holidays before 7 a.m. and after 8 p.m.

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: \$ _____	WAC Charge: \$ _____
	Plan Review Fee: \$ _____	Sewer & Water Hook-Up: \$ _____
	State Surcharge: \$ _____	Sewer & Water Disconnect: \$ _____
	Site Inspection Fee: \$ _____	Water Meter: \$ _____
	S.E.C. Fee: \$ _____	Muni SE/WA Fee: \$ _____
	Investigation Fee / Other Fee: \$ _____	*2016 SAC Escrow: \$2,485
	Copy Charge (\$.25 per 8.5 x11 page) \$ _____	Other: \$ _____
	License Check (\$5) / Lead Check (\$5) \$ _____	TOTAL DUE: \$ _____
SUB-TOTAL \$ _____		
	Plumbing Fee (from Page 2) \$ _____	*NOTE: Commercial plans will be submitted to the Met Council Environmental Svcs for SAC determination. Escrow payment will be required when permit is issued. If after Met Council review no SAC is determined, escrow will be refunded in full.
	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

Commercial Application/Plan Review Submittal Checklist

The following check list has been compiled to assist in expediting the commercial plan review and permit issuance process. Please take a moment to review these submittal requirements and to verify all of the necessary documentation prior to submitting your project.

COMMERCIAL ADDITIONS, NEW CONSTRUCTION, REMODELS, ETC.

- Provide completed permit application including:
 - Date
 - Site Address
 - Owner
 - Owner Address
 - Telephone Number
 - Contractor Information
 - Description of work being performed
 - Valuation of work being performed
 - Signature of applicant

- 2 (two) sets of SIGNED Architectural and Structural drawings are required on all commercial projects unless other arrangements or agreements between the submitting party and the building inspection department have been made.

- Submitted Plans will include, a Code Analysis Including:
 - Which Code and Edition (i.e.: 2006 IBC, 2007 MSBC)
 - Occupancy Classification
 - Fire separation requirement (separated/non-separated)
 - Fire Sprinkler system requirements
 - Fire alarm system requirements
 - Construction Type
 - Allowable area
 - Proposed actual area
 - Allowable height
 - Proposed height
 - Proposed area and height increases if applicable
 - Occupant load
 - Exiting requirements
 - Plumbing Fixtures Requirements

- Provide project manual or; door hardware and window schedules, wall section and wall construction details

- Complete and Sign Special Inspections Worksheet (see attached)

- Complete and provide Minnesota Energy Code compliance forms (see attached)
 - Building Envelope or ComCheck for building envelope; AND
 - Lighting or ComCheck for lighting; OR
 - Energy Cost Budget Method; OR
 - Building Performance Rating Method

- Projects must comply with the Minnesota Accessibility Code including:
 - Parking
 - Accessible route
 - Ramps
 - Door width, swing and hardware
 - Bathroom requirements
 - Access between floors
 - Countertop heights

- Provide site plan including parking lots, fire apparatus access roads/lane etc.

- Provide Utility and/or Civil plan including fire hydrant locations

Commercial Application/Plan Review Submittal Checklist

Changes to original Submittal Documents:

1. Any changes or addendums to the original submittal documents must be submitted to the Building Inspections Department for review prior to proceeding with the proposed changes.
2. Changes may be indicated by a single sheet with a clouded area showing the proposed changes to the particular sheet or area.
3. Full plans may be submitted if there are changes or corrections to multiple sheets. Once again, the changes to the original should be indicated by clouded areas.
4. If a full set of plans is resubmitted without indication of the changes to the original, a complete plan review will be performed and another full plan review charge will be assessed.
5. 2 (two) sets of the changes should be submitted.

Structural Testing and Special Inspection Statement of Special Inspections

Project Name: _____

Location: _____

Owner: _____

This *Statement of Special Inspections* is submitted as a condition for permit issuance in accordance with the Special Inspection and Structural Testing requirements of the 2006 International Building Code as adopted by the current Minnesota State Building Code. It includes a schedule of Special Inspection services applicable to this project and the identity of agencies to be retained for conducting these inspections and tests. This *Statement of Special Inspections* encompasses the following disciplines:

Structural Architectural Other: _____

The Special Inspector shall keep records of all inspections and shall furnish inspection reports to the Building Official, the Architect and Structural Engineer of Record. Discrepancies shall be brought to the immediate attention of the Contractor for correction. If such discrepancies are not corrected, the discrepancies shall be brought to the attention of the Building Official, the Architect and SER. The Special Inspection program does not relieve the Contractor of his or her responsibilities.

Interim reports shall be submitted to the Building Official the Architect and SER.

A *Final Report of Special Inspections* documenting completion of all required Special Inspections, testing and correction of any discrepancies noted in the inspections shall be submitted prior to issuance of a Certificate of Use and Occupancy.

ACKNOWLEDGEMENTS

Each appropriate representative shall sign below:

Owner: _____	Firm: _____	Date: _____
Contractor: _____	Firm: _____	Date: _____
Architect: _____	Firm: _____	Date: _____
SER: _____	Firm: _____	Date: _____
SI-S: _____	Firm: _____	Date: _____
SI-T: _____	Firm: _____	Date: _____
TA: _____	Firm: _____	Date: _____
F: _____	Firm: _____	Date: _____

If requested by engineer/architect of record or building official, the individual names of all prospective special inspectors and the work they intend to observe shall be identified.

Legend: SER = Structural Engineer of Record SI-T = Special Inspector - Technical TA = Testing Agency
 SI-S = Special Inspector - Structural F = Fabricator

Accepted for the Building Department By _____ Date _____

