

CITY OF SPRING PARK

4349 Warren Avenue

Spring Park, MN 55384

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

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: 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: Commercial Residential, EST. VALUATION OF WORK, Detailed Description of Work, New Construction, Change of Use, Remodel, Addition, Garage-Attached/Detach, Accessory Structure, Deck, Pool, Retaining Wall, Porch, Demolition, Plumbing-provide detail on Page 2, Mechanical-provide detail on Page 2, Re-Roof, Re-Side, Fence, Shed, Window/Door Replacement, # being replaced, 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

OFFICE USE ONLY: VALUATION: \$, Permit Fee: \$, Plan Review Fee: \$, State Surcharge: \$, Site Inspection Fee: \$, S.E.C. Fee: \$, Investigation Fee / Other Fee: \$, Copy Charge (\$0.25 per 8.5 x11 page) \$, License Check (\$5) / Lead Check (\$5) \$, SUB-TOTAL \$, Plumbing Fee (from Page 2) \$, Mechanical Fee (from Page 2) \$, WAC Charge: \$, Sewer & Water Hook-Up: \$, Sewer & Water Disconnect: \$, Water Meter: \$, Muni SE/WA Fee: \$, \*2016 SAC Escrow: \$2,485, Other: \$, TOTAL DUE: \$, \*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.

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:

**MECHANICAL PERMIT** \_\_\_\_\_

**PLUMBING PERMIT** \_\_\_\_\_

FOR PERMIT ISSUANCE

PAGE 1 and PAGE 2 should be complete

**MECHANICAL INFORMATION**

<b>Mechanical Contractor:</b>			Address:	
City:	State:	Zip:	Phone:	Fax:
State Bond No:			Contact Name:	
Email:			Contact Phone:	

**Detailed Description of Work:**

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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**

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

**Detailed Description of Work:**

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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>	<u>Quantity</u>	<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: \$ \_\_\_\_\_**