

CITY OF SILVER LAKE

308 Main Street W

Silver Lake, MN 55381

Phone: 320-327-2412 Fax: 320-327-2299

PAGE 1

BUILDING PERMIT

 Handout Given Lead Handout Given

Routed to SAFEbuilt

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

OFFICE USE ONLY

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** -

IS THIS A RENTAL PROPERTY YES (# of Units) NO

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

<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
<input type="checkbox"/> Finish Basement	<input type="checkbox"/> Demolition		<input type="checkbox"/> Fence _____
<input type="checkbox"/> Remodel	<input type="checkbox"/> Fire Sprinkler		<input type="checkbox"/> Shed _____
<input type="checkbox"/> Addition	<input type="checkbox"/> Fire Alarm		<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 checked="" type="checkbox"/> Misc Other

Detailed Description of Work:

New water and sewer connections to the city's main line.

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: \$ <u>50.00</u>	Plan Review Fee: \$ _____	State Surcharge: \$ _____
Site Inspection Fee: \$ _____	\$ _____	
Investigation Fee / Other Fee: \$ _____		
Copy Charge (\$.25 per 8.5 x11 page) \$ _____		
License Check (\$5) / Lead Check (\$5) \$ _____		
SUB-TOTAL \$ _____		
Plumbing Fee (from Page 2) \$ _____		
Mechanical Fee (from Page 2) \$ _____		

Park Dedication: \$ _____	SAC Charge: \$ <u>2500.00</u>
WAC Charge: \$ <u>2500.00</u>	
Sewer Hook-Up: \$ _____	Water Hook-Up: \$ _____
Water Meter \$ _____	Sewer Trunk \$ _____
Water Trunk \$ _____	Other \$ _____

TOTAL DUE: \$ 5050.00

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: _____