

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 MNSPECT

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 type="checkbox"/> Misc Other

EST. VALUATION OF WORK

\$ _____

Square feet: _____

Detailed Description of Work:

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: \$ _____

SAC Charge: \$ _____

State Surcharge: \$ _____

WAC Charge: \$ _____

Site Inspection Fee: \$ _____

Sewer Hook-Up: \$ _____

\$ _____

Water Hook-Up: \$ _____

Investigation Fee / Other Fee: \$ _____

Water Meter \$ _____

Copy Charge (\$.25 per 8.5 x 11 page) \$ _____

Sewer Trunk \$ _____

License Check (\$5) / Lead Check (\$5) \$ _____

Water Trunk \$ _____

SUB-TOTAL \$ _____

Other \$ _____

Plumbing Fee (from Page 2) \$ _____

TOTAL DUE: \$ _____

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: _____

CITY OF SILVER LAKE

PAGE 2

 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):

MECHANICAL FIXTURES

<u>Quantity</u>	<u>Quantity</u>
_____ Furnace	_____ Kitchen Fan
_____ Air Conditioning System	_____ Bath Fan
_____ Air Exchanger	_____ Grill
_____ Fireplace	_____
_____ Unit Heater	_____
_____ In Floor Heat	_____
_____ Gas Log	_____

Replacement (one fixture only, no piping or vent changes)
 Addition/Remodel
 New Construction
 Other _____

GAS LINES

<u>Quantity</u>
_____ Furnace
_____ Fireplace
_____ Unit Heater
_____ Water Heater
_____ Grill
_____ Dryer
_____ Stove

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):

PLUMBING FIXTURES

<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		

Office Use Only:

Plumbing Permit Fee: \$ _____
 State Surcharge \$ _____
 Other: \$ _____
Total Plumbing Permit: \$ _____