

CITY OF SILVER LAKE 308 Main Street W Silver Lake, MN 55381 Phone: 320-327-2412 Fax: 320-327-2299		PAGE 1 <input type="checkbox"/> Handout Given <input type="checkbox"/> Lead Handout Given	BUILDING PERMIT Routed to MNSPECT
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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:
 City: _____ State: _____ Zip: _____
 Contact Name: _____
CONTRACTOR:
 City: _____ State: _____ Zip: _____
Contractor License No: _____

Address: _____
 Email: _____
 Phone: _____
 Address: _____
 Phone: _____ Fax: _____
 Contact Name: _____ Phone: _____
 Email: _____
 Address: _____
 Phone: _____ Fax: _____
 Contact Name: _____ Phone: _____

TYPE OF WORK:
☐ Commercial ☐ Residential
EST. VALUATION OF WORK
 \$ _____
 Square feet: _____

<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

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:** _____
VALUATION: \$ _____

BLDG SPRINKLED Yes / No _____

Permit Fee: \$	_____
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: \$	_____
WAC Charge: \$	_____
Sewer Hook-Up: \$	_____
Water Hook-Up: \$	_____
Water Meter \$	_____
Sewer Trunk \$	_____
Water Trunk \$	_____
Other \$	_____

TOTAL DUE: \$ _____

Special Conditions/Required Setbacks: _____

Building Approval By: _____
Printed Building Approval By: _____
City Approval By: _____
Paid: _____

DATE: _____
☐ License Verification ☐ Lead Verification - Checked By: _____
DATE: _____
By: _____

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

OFFICE USE ONLY

CITY OF SILVER LAKE

☐ MECHANICAL PERMIT _____

PAGE 2

☐ 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		GAS LINES	
<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	_____
<input type="checkbox"/> Replacement (one fixture only, no piping or vent changes)		Office Use Only:	
<input type="checkbox"/> Addition/Remodel		Mechanical Permit Fee: \$ _____	
<input type="checkbox"/> New Construction		Gas Line Permit Fee: \$ _____	
<input type="checkbox"/> Other _____		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		
<input type="checkbox"/> Replacement (one fixture only, no piping or vent changes)			Office Use Only:
<input type="checkbox"/> Addition/Remodel			Plumbing Permit Fee: \$ _____
<input type="checkbox"/> New Construction			State Surcharge \$ _____
<input type="checkbox"/> Other _____			Other: \$ _____
			Total Plumbing Permit: \$ _____