

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	
SITE ADDRESS: _____ PID: _____					
1) Was the home constructed before 1978? (YES <input type="checkbox"/> , continue with line 2, NO <input type="checkbox"/> 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 <input type="checkbox"/> go to line 4, NO <input type="checkbox"/> line 3)					
3) Are there any windows being replaced? (YES <input type="checkbox"/> , go to line 4, NO <input type="checkbox"/> continue without completing EPA Section)					
4) Has this home been Certified Lead Free? (YES <input type="checkbox"/> , you MUST Attach Certification Information, NO <input type="checkbox"/> complete line 5)					
5) EPA Contractor Certification Number: NAT -					
IS THIS A RENTAL PROPERTY <input type="checkbox"/> YES (# of Units _____) <input type="checkbox"/> 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:		<input type="checkbox"/> New Construction <input type="checkbox"/> Deck <input type="checkbox"/> Pool <input type="checkbox"/> Re-Roof			
<input type="checkbox"/> Commercial <input type="checkbox"/> Residential		<input type="checkbox"/> Change of Use <input type="checkbox"/> Retaining Wall <input type="checkbox"/> Porch <input type="checkbox"/> Re-Side			
EST. VALUATION OF WORK		<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 _____			
Square feet: _____		<input type="checkbox"/> Addition <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Window/Door Replacement			
Detailed Description of Work:		<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: <input type="checkbox"/> Owner or <input type="checkbox"/> 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 x11 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: _____ <input type="checkbox"/> License Verification <input type="checkbox"/> Lead Verification - Checked By: _____					
City Approval By: _____ DATE: _____					
Paid: _____		Date: _____	Receipt No. _____	By: _____	

## CITY OF SILVER LAKE

☐ MECHANICAL PERMIT \_\_\_\_\_

PAGE 2

☐ 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:**

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>	
_____ 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) <input type="checkbox"/> Addition/Remodel <input type="checkbox"/> New Construction <input type="checkbox"/> Other _____	<b>Office Use Only:</b> Mechanical Permit Fee: \$ _____ Gas Line Permit Fee: \$ _____ State Surcharge: \$ _____ Other: \$ _____ <b>Total Mechanical Permit: \$ _____</b>
--	---

**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:**

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		

  

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