

## 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  $\geq 6$  sq ft of interior painted surfaces or  $\geq 20$  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

## 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

## 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 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: \_\_\_\_\_  License Verification  Lead Verification - Checked By: \_\_\_\_\_

City Approval By: \_\_\_\_\_ DATE: \_\_\_\_\_

Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt No. \_\_\_\_\_ By: \_\_\_\_\_