

CITY OF SILVER LAKE

308 Main Street W

Silver Lake, MN 55381

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

PAGE 1

☐ Handout Given☐ Lead Handout Given

BUILDING PERMIT

Routed to SAFEbuilt

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☐ New Construction☐ Deck☐ Pool☐ Re-Roof☐ Change of Use☐ Retaining Wall☐ Porch☐ Re-Side

EST. VALUATION OF WORK

☐ Finish Basement☐ Demolition☐ Fence _____

\$ _____

☐ Remodel☐ Fire Sprinkler☐ Shed _____

Square feet: _____

☐ Addition☐ Fire Alarm☐ Window/Door Replacement☐ Garage-Attached/Detach☐ Plumbing-provide detail on Page 2

being replaced _____

Detailed Description of Work:

☐ Accessory Structure☐ Mechanical-provide detail on Page 2☐ 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: _____

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) \$ _____

Mechanical Fee (from Page 2) \$ _____

TOTAL DUE: \$ _____

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: _____

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

OFFICE USE ONLY