

CITY OF ISANTI
 110 1st Avenue NW - PO Box 428
 Isanti, MN 55040-0428
 Phone: 763-444-5512

MNSPECT
 235 First Street W
 Waconia, MN 55387
 Phone: 952-442-7520

PAGE 1

- Handout Given
 Lead Handout Given

BUILDING PERMIT

Routed to MNSPECT
 ___ / ___ / ___

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

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 -**

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"/> Re-Roof |
| | <input type="checkbox"/> Commercial <input type="checkbox"/> Residential | <input type="checkbox"/> Change of Use | <input type="checkbox"/> Pool |
| EST. VALUATION OF WORK | <input type="checkbox"/> Finish Basement | <input type="checkbox"/> Retaining Wall | <input type="checkbox"/> Re-Side |
| \$ _____ | <input type="checkbox"/> Remodel | <input type="checkbox"/> Porch | <input type="checkbox"/> Fence _____ |
| <i>Square feet:</i> _____ | <input type="checkbox"/> Addition | <input type="checkbox"/> Demolition | <input type="checkbox"/> Shed _____ |
| | <input type="checkbox"/> Garage-Attached/Detach | <input type="checkbox"/> Misc Other | <input type="checkbox"/> Window/Door Replacement
being replaced _____ |

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: \$ _____	Plumbing Fee (from Page 2) \$ _____
Plan Review Fee: \$ _____	Mechanical Fee (from Page 2) \$ _____
State Surcharge: \$ _____	_____ \$ _____
Site Inspection Fee: \$ _____	_____ \$ _____
S.E.C. Fee: \$ _____	_____ \$ _____
Investigation Fee / Other Fee: \$ _____	_____ \$ _____
Copy Charge (\$.25 per 8.5 x11 page) \$ _____	TOTAL DUE: \$ _____
License Check (\$5) / Lead Check (\$5) \$ _____	
SE/WA Hook-up: \$ _____	
Other Fee: \$ _____	
SUB-TOTAL \$ _____	

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: _____

OFFICE USE ONLY

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		GAS LINES	
<u>Quantity</u>	<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 _____	<p>Office Use Only:</p> Mechanical Permit Fee: \$ _____ Gas Line Permit Fee: \$ _____ State Surcharge: \$ _____ Other: \$ _____ Total Mechanical Permit: \$ _____
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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>
_____ 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 _____	<p>Office Use Only:</p> Plumbing Permit Fee: \$ _____ State Surcharge \$ _____ Other: \$ _____ Total Plumbing Permit: \$ _____
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