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|---|--|--|--|
| <b>CITY OF ISANTI</b><br>110 1st Avenue NW - PO Box 428<br>Isanti, MN 55040-0428<br>Phone: 763-444-5512 | <b>MNSPECT</b><br>235 First Street W<br>Waconia, MN 55387<br>Phone: 952-442-7520 | <b>PAGE 1</b><br><input type="checkbox"/> Handout Given<br><input type="checkbox"/> Lead Handout Given | <b>BUILDING PERMIT</b><br><hr/> Routed to MNSPECT<br>___ / ___ / ___ |
|---|--|--|--|

**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: \_\_\_\_\_

|  |   |   |  |
|--|---|---|--|
| <b>TYPE OF WORK:</b>   | <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           | <input type="checkbox"/> Re-Side                 |
| <b>EST. VALUATION OF WORK</b>  | <input type="checkbox"/> Finish Basement        | <input type="checkbox"/> Retaining Wall | <input type="checkbox"/> Fence _____             |
| \$ _____   | <input type="checkbox"/> Remodel                | <input type="checkbox"/> Porch          | <input type="checkbox"/> Shed _____              |
| <i>Square feet:</i> _____  | <input type="checkbox"/> Addition               | <input type="checkbox"/> Demolition     | <input type="checkbox"/> Window/Door Replacement |
|  | <input type="checkbox"/> Garage-Attached/Detach | <input type="checkbox"/> Misc Other     | <input type="checkbox"/> # 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) \$ _____  | <b>TOTAL DUE: \$ _____</b>            |
| License Check (\$5) / Lead Check (\$5) \$ _____ |                                       |
| SE/WA Hook-up: \$ _____                         |                                       |
| Other Fee: \$ _____                             |                                       |
| <b>SUB-TOTAL \$ _____</b>                       |                                       |

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