

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 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 -

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:
New Construction Deck Re-Roof
Change of Use Pool Re-Side
Finish Basement Porch Fence <= 7' > 7'
Remodel Demolition Shed (<= 200 sq ft)
Addition Plumbing-provide detail on Page 2 Window/Door Replacement
Garage-Attached/Detach Mechanical-provide detail on Page 2 # being replaced

Detailed Scope 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: \$

Table with 2 columns: Fee Name and Amount. Includes Permit Fee, Plan Review Fee, State Surcharge, Site Inspection Fee, Investigation Fee, Copy Charge, License Check, SUB-TOTAL, Plumbing Fee, Mechanical Fee, Park Dedication, SAC Charge, WAC Charge, Sewer Hook-Up, Water Hook-Up, Water Meter, Sewer Trunk, Water Trunk, Other, and 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:

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	_____

- Replacement (one fixture only, no piping or vent changes)
- Addition/Remodel
- New Construction
- Other _____

Office Use Only:

Mechanical Permit Fee: \$ _____

Gas Line Permit Fee: \$ _____

State Surcharge: \$ _____

Other: \$ _____

Total Mechanical Permit: \$ _____

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>	<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	_____

- Replacement (one fixture only, no piping or vent changes)
- Addition/Remodel
- New Construction
- Other _____

Office Use Only:

Plumbing Permit Fee: \$ _____

State Surcharge \$ _____

Other: \$ _____

Total Plumbing Permit: \$ _____