

WATERFORD TOWNSHIP
PO Box 531 - 3847 321st Street W
Northfield, MN 55057
Phone: 651-346-8467

PAGE 1

BUILDING PERMIT

Handout Given

Lead Handout Given

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 question 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 go to 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"/> Agricultural	<input type="checkbox"/> New Construction	<input type="checkbox"/> Deck	<input type="checkbox"/> Pool	<input type="checkbox"/> Re-Roof
<input type="checkbox"/> Commercial <input type="checkbox"/> Residential	<input type="checkbox"/> Change of Use	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Porch	<input type="checkbox"/> Re-Side
EST. VALUATION OF WORK	<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 _____
<i>Square feet:</i> _____	<input type="checkbox"/> Addition	<input type="checkbox"/> Fire Alarm		<input type="checkbox"/> Window/Door Replacement
Detailed Description of Work:	<input type="checkbox"/> Garage-Attached/Detach	<input type="checkbox"/> Plumbing-provide detail on Page 2		<input type="checkbox"/> # being replaced _____
	<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Mechanical-provide detail on Page 2		<input type="checkbox"/> 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 Township 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: \$ _____	Filing Fee: \$ _____
Plan Review Fee: \$ _____	Agricultural Fee: \$ _____
State Surcharge: \$ _____	Penalty Fee: \$ _____
Site Inspection Fee: \$ _____	Less Down Payment: \$(_____)
\$ _____	Other: \$ _____
Investigation fee / Other Fee: \$ _____	\$ _____
Copy Charge (\$.25 per 8.5 x11 page) \$ _____	\$ _____
License Check (\$5) / Lead Check (\$5) \$ _____	
SUB-TOTAL \$ _____	
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:

Township Approval By: _____ **DATE:** _____

Paid: _____ **Date:** _____ **Receipt No.** _____ **By:** _____

OFFICE USE ONLY

WATERFORD TOWNSHIP

PAGE 2

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	_____	Furnace
_____	Air Conditioning System	_____	Fireplace
_____	Air Exchanger	_____	Unit Heater
_____	Fireplace	_____	Water Heater
_____	Unit Heater	_____	Grill
_____	In Floor Heat	_____	Dryer
_____	Gas Log	_____	Stove
_____	Kitchen Fan		
_____	Bath Fan		
_____	Grill		

<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 _____	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	_____
<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	_____
_____	Shower	_____
_____	Dishwasher	_____
_____	Water Softener	_____
_____	Clothes Washer	_____
_____	Lawn Sprinkler System	_____
_____	Ice Maker Line	_____
_____	Water Closet (Toilet)	_____
_____	Hose Bib	_____
_____	Lavatory (Wash Basin)	_____
_____	Bathtub	_____
_____	Laundry Tub	_____
_____	Rough-In Future Fixture	_____
_____	Sump	_____
_____	Water Piping System	_____
_____	Floor Drain	_____

<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 _____	Office Use Only:
	Plumbing Permit Fee: \$ _____
	State Surcharge \$ _____
	Other: \$ _____
	Total Plumbing Permit: \$ _____