

City of Watertown
 309 Lewis Ave S, PO Box 279
 Watertown, MN 55388
 Phone (952) 955-2681 Fax (952) 955-2695

PERMIT APPLICATION

Building Permit # _____
 PID # _____
 Date Issued _____
 Receipt # _____

GOVERNMENT DATA PRACTICES ACT – TENNISON WARNING: The data you supply on this form will be used to process the permit you are applying for. You are legally required to provide the data, but we will not be able to process the permit without it. The data will constitute a public record if and when the permit is granted.

Site Location _____ Date _____
 Owner Name _____ Phone # _____
 Contractor _____ License # _____
 Address _____ Phone # _____
 **Lead Cert # _____

**Is the home pre-1978? Yes No *Does the project require lead remediation? Yes No If no, complete lead supplement form

Type of Work: Residential Commercial

Valuation of Work \$ _____

Permit Type:

- | | | | |
|--|---|---------------------------------------|--|
| <input type="radio"/> New Construction | <input type="radio"/> Accessory Structure | <input type="radio"/> Pool | <input type="radio"/> Fire Protection |
| <input type="radio"/> Basement Finish | <input type="radio"/> Fence | <input type="radio"/> Plumbing | <input type="radio"/> Sewer & Water |
| <input type="radio"/> Remodel | <input type="radio"/> Re-Roof | <input type="radio"/> Mechanical | <input type="radio"/> Tennant Alteration |
| <input type="radio"/> Addition _____ | <input type="radio"/> Re-Side | <input type="radio"/> Demolition | <input type="radio"/> Other _____ |
| <input type="radio"/> Deck | <input type="radio"/> Window Replacement | <input type="radio"/> Building Moving | |

Description of Work _____

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required. I acknowledge that the information above is complete and accurate and the work will be done in accordance with the approved plans, specifications and conditions. I agree to abide by all ordinances of the City of Watertown and with the MN State Building Code. I understand this is not a permit but an application for a permit and work is not to start without a permit.

Print Name _____ Signature _____
 Signature of (please check one): Owner Contractor Other

OFFICE USE:			INSPECTIONS:			Construction Type			
Valuation	\$ _____		Site	<input type="checkbox"/>		Occupancy	_____		
Permit Fee	\$ _____		Footing/Foundation	<input type="checkbox"/>		Square Footage	_____		
Plan Review	\$ _____		Framing	<input type="checkbox"/>		Sprinklers	_____		
City Lead Surcharge	\$ _____		Insulation	<input type="checkbox"/>		Zoning District	_____		
State Surcharge	\$ _____		Wallboard	<input type="checkbox"/>		Floodplain Elevation	_____		
Site Inspection Fee	\$ _____		Reroof/Photos	<input type="checkbox"/>		Setbacks:	Actual	Required	
SEC Fee	\$ _____		Reside/Photos	<input type="checkbox"/>			Front	_____	_____
Sewer Inspection Fee	\$ _____		Stucco	<input type="checkbox"/>			Rear	_____	_____
Water Inspection Fee	\$ _____		Cultured Stone	<input type="checkbox"/>		Side	_____	_____	
Water Meter	\$ _____		Other _____	<input type="checkbox"/>		Side	_____	_____	
Storm Water Fee	\$ _____		Final	<input type="checkbox"/>		Approvals:			
Park Dedication Fee	\$ _____		Construction Code:			Planning	_____		
Other _____	\$ _____		<input type="checkbox"/> IBC	<input type="checkbox"/> IRC		Engineering	_____		
Other _____	\$ _____					Public Works	_____		
TOTAL DUE	\$ _____					Fire	_____		
_____			_____						
Permit Approved By:			Date Approved:						

BUILDING MOVING PERMIT INFORMATION

Permit # _____

Utility Cut Offs: All applicable must be signed prior to permit issuance

Gas _____
Electric _____
Sewer _____
Water _____
Septic _____
Well Sealing _____
Underground Tanks _____

Date _____
Date _____
Date _____
Date _____
Date _____
Date _____

Computation of Fees:	\$ Amount/Fee	Subtotal
Moving structure on same lot	\$ 50.00	\$ _____
Moving primary structure w/in City	\$ 100.00	\$ _____
Moving structure out of City	\$ 50.00	\$ _____
Moving structure into City	\$ 150.00	\$ _____
State Surcharge	\$ 5.00	\$ _____
TOTAL		\$ _____

OFFICE USE:

Conditions of Issuance _____

DEMOLITION PERMIT INFORMATION

Permit # _____

Utility Cut Offs: All applicable must be signed prior to permit issuance

Gas _____
Electric _____
Sewer _____
Water _____
Septic _____
Well Sealing _____
Underground Tanks _____

Date _____
Date _____
Date _____
Date _____
Date _____
Date _____

Computation of Fees:	\$ Amount/Fee	Subtotal
Residential structure	\$ 50.00	\$ _____
Commercial structure	\$ 150.00	\$ _____
Accessory structure	\$ 50.00	\$ _____
Septic/Underground Tank (type _____)	\$ 50.00	\$ _____
State Surcharge	\$ 5.00	\$ _____
TOTAL		\$ _____

OFFICE USE:

Conditions of Issuance _____

FIRE PROTECTION PERMIT INFORMATION

Permit # _____

Work Type New {OR} Alternation – Description _____

Valuation of Work	\$ _____
A. State Surcharge: .0005 x valuation of work up to \$1,000,000	\$ _____
B. Permit Fee: Based on 1997 UBC Fee Table	\$ _____
C. Plan Review Fee: (When submittal documents are required) 65% of permit fee	\$ _____
TOTAL: A + B + C	\$ _____

Office Use:

Required Inspections Hydro Fire Pump Fire Alarm Trip Test Air Test Central Station Final Investigation Fee: \$ _____