

SITE ADDRESS	DATE
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LEGAL DESCRIPTION Lot: _____ Block: _____
 Addition: _____ Property I.D.# _____

OWNER Name / Address / City / State / Zip / Daytime Telephone

TYPE OF WORK <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	<input type="checkbox"/> New Construction	<input type="checkbox"/> Deck	<input type="checkbox"/> Demolition
ESTIMATED VALUE OF WORK TO BE PERFORMED	<input type="checkbox"/> Finish Basement	<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Fence
	<input type="checkbox"/> Remodel	<input type="checkbox"/> Pool	<input type="checkbox"/> Shed
	<input type="checkbox"/> Addition	<input type="checkbox"/> Re-Roof	<input type="checkbox"/> Plumbing
	<input type="checkbox"/> Garage - Attached	<input type="checkbox"/> Re-Side	<input type="checkbox"/> Mechanical
	<input type="checkbox"/> Garage - Detached	<input type="checkbox"/> Window Replacement	<input type="checkbox"/> Misc Other _____

SPECIAL CONDITIONS OF PERMIT:

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required and authorizes the City Zoning Administrator or designee and the City 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 City 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: _____

Signature of (please check one) : Owner Building Contractor, Architect, Other _____

BUILDER INFORMATION

BUILDER Name / Address / City / State / Zip / Daytime Telephone	Contractors License No.
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ARCHITECT Name / Address / City / State / Zip / Daytime Telephone

Office Use Only:

SETBACKS	PERMIT VALUATION:
ACTUAL: Front _____ Rear _____ Side _____ Side _____	
REQUIRED: Front _____ Rear _____ Side _____ Side _____	

OCCUPANCY TYPE: _____ **TYPE OF CONSTRUCTION:** _____

CODE USED: IRC IBC OTHER: _____ **SPRINKLED BUILDING:** YES / NO

Permit Fee: \$ _____ Plan Check Fee: \$ _____ State Surcharge: \$ _____ Site Inspection Fee: \$ _____ SE/WA Fee: \$ _____ S.E.C. Fee: \$ _____ Other: \$ _____ SUB-TOTAL \$ _____ Plumbing Fee \$ _____ Mechanical Fee \$ _____	<p align="center">CITY FEES</p> Park Ded: \$ _____ SAC Charge: \$ _____ WAC Charge: \$ _____ Sewer Hook-Up: \$ _____ Water Hook-Up: \$ _____ Water Meter: \$ _____ Sewer Trunk: \$ _____ Water Trunk: \$ _____ City Fee: \$ _____ Other: \$ _____
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Paid _____	Receipt No. _____	TOTAL DUE: \$ _____
Date _____	By _____	

BUILDING OFFICIAL APPROVAL BY: _____ **DATE:** _____

ADMINISTRATOR/CLERK/PLANNER _____ **DATE:** _____
ZONING ADMINISTRATOR: _____

MECHANICAL INFORMATION

MECHANICAL PERMIT #

State Bond No.

Gas Fitters License No.

MECHANICAL CONTRACTOR

Name / Address / City / State / Zip / Daytime Telephone

ESTIMATED VALUE

WARM AIR

UNDERGROUND DUCT SYSTEM: Yes () No ()

Gravity _____ Forced _____

Input B.T.U. _____ Output B.T.U. _____

AIR CONDITIONING SYSTEM

Tons _____ CFM _____ Ductwork _____

VENTILATION / AIR EXCHANGE

Exhaust Only

No. of Fans _____ Size _____ Type _____

C.F.M. Del _____ Static Pressure _____

Air Exchange Unit

Type-Mixing Box _____

Heat Recovery Ventilation _____

Recovery Efficiency _____ Net Air Flows _____

Where ventilation is used/located _____

WET HEAT

Baseboard _____ In-Floor (Wirsbo) _____

Steam _____ Hot Water _____

Gross Sq. Ft. _____ Input B.T.U. _____

New _____ Repl. _____ Addition _____

GAS FITTING PERMITS

- | | | |
|----------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Dryer | <input type="checkbox"/> Water Heater | <input type="checkbox"/> Furnace |
| <input type="checkbox"/> Gas Log | <input type="checkbox"/> Unit Heater | <input type="checkbox"/> Fireplace |
| <input type="checkbox"/> Stove | <input type="checkbox"/> Grill | <input type="checkbox"/> Other _____ |

Office Use Only:

_____ # of Units @ \$45.00 each: \$ _____

Gas Fitting Permit Fee (min. \$25.00): \$ _____

Fixture Maintenance Unit \$40.00 each: \$ _____

Mechanical Surcharge: \$ _____

Other: \$ _____

Total Mechanical Permit: \$ _____

Mechanical or Plumbing Comments:

PLUMBING INFORMATION

PLUMBING PERMIT#

State Bond No.

State Plumbers License No.

PLUMBING CONTRACTOR

Name / Address / City / State / Zip / Daytime Telephone

ESTIMATED VALUE

CLASS OF WORK: () New () Addition () Alteration () Repair

Please indicate the fixtures you will be installing or replacing (include count for each type of fixture):

_____ Water Closet (Toilet)	_____ Bathtub	_____ Roof Leader-Rainwater
_____ Lavatory (Wash Basin)	_____ Shower	_____ Drinking Fountain
_____ Kitchen Sink & Disp.	_____ Dishwasher	_____ Lawn Sprinkler System
_____ Water Heater	_____ Clothes Washer	_____ Vacuum Breakers
_____ <input type="checkbox"/> Gas <input type="checkbox"/> Electric	_____ Water Softner	_____ Sump
_____ Ice Maker Line	_____ Piping/Treating Equipment	_____ Misc. Fixtures
_____ Rough-in Future Fixture	_____ Floor Sink or Drain	

Office Use Only:

_____ # of Fixtures @ \$6.00 each (Minimum \$75.00): \$ _____

Fixture Maintenance Unit \$40.00 each: \$ _____

State Surcharge: \$ _____

Total Plumbing Permit: \$ _____

**CITY OF WATERTOWN
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WATERTOWN, MN 55388
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