



BUILDING PERMIT APPLICATION

DATE RECEIVED: _____

BUILDING PERMIT NUMBER: _____

PLEASE CHECK ALL THAT APPLY

- Remodel Addition Commercial Residential New Construction
 Multiple Generals - Reroof Reside Garage-Attached Pool Demolition
 Plumbing Mechanical Window Replacement Other _____
Please complete backside of application for Plumbing and Mechanical information

SITE ADDRESS: _____ P.I.N.: _____

LOT NUMBER: _____ BLOCK NUMBER: _____ SUBDIVISION: _____

PROPERTY OWNER: NAME (IF ADDRESS, CITY, STATE, ZIP CODE IS DIFFERENT THAN SITE ADDRESS PLEASE LIST)

DAYTIME PHONE NUMBER: _____ OTHER PHONE NUMBER: _____

ESTIMATED VALUE OF WORK TO BE PERFORMED **REQUIRED:** \$ _____

BUILDER: NAME, ADDRESS, CITY, STATE, ZIP CODE (IF PROPERTY OWNER IS BUILDER PLEASE LIST AS BUILDER)

CONTRACTORS LICENSE #: _____ PHONE NUMBER: _____

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative is required and authorizes the City of Belle Plaine Zoning Administrator or designee and the City of Belle Plaine 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 of the 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 building and work is not commenced within 180 days from the date of Permit issued, or if building and work suspended, abandoned or not inspected for 180 days.

SIGNATURE OF APPLICANT: _____

DATE: _____

OFFICE USE ONLY

ZONING CLASS: _____ PERMIT VALUATION: \$ _____

STRUCTURE HEIGHT: _____ TYPE OF CONSTRUCTION: _____ OCCUPANCY TYPE: _____

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

SETBACK INFORMATION

ACTUAL: FRONT _____ REAR _____ SIDE _____ SIDE _____

REQUIRED: FRONT 30' REAR 5' or 30' SIDE 0', 5' OR 10' SIDE 5', 10' OR 20'

COMMENTS: _____

FEEES

CITY FEES		PERMIT FEES		SUBTOTALS	
TRACER WIRE BOXES: \$ _____	*PLAN REVIEW FEES: \$ _____	PLUMBING TOTAL: \$ _____			
SEWER HOOK-UP: \$ _____	PERMIT FEE: \$ _____	MECHANICAL TOTAL: \$ _____			
WATER HOOK-UP: \$ _____	STATE SURCHARGE: \$ _____	CITY FEES TOTAL: \$ _____			
WATER METER: \$ _____	SITE INSPECTION FEE: \$ _____	PERMIT FEES TOTAL: \$ _____			
ADDITIONAL METER: \$ _____	OTHER: \$ _____				
CITY FEE: \$ _____	TOTAL: \$ _____	TOTAL DUE: \$ _____			
OTHER: \$ _____					
TOTAL: \$ _____	FORM OF PAYMENT: _____	TRANSACTION NUMBER: _____			
	DATE ISSUED: _____	ISSUED BY: _____			

*A PORTION OF THE PLAN REVIEW FEE IS REQUIRED AT THE TIME PERMIT APPLICATION IS SUBMITTED.

APPROVAL BY BUILDING OFFICIAL OR DESIGNEE: _____ DATE: _____

APPROVAL BY ZONING ADMINISTRATOR OR DESIGNEE: _____ DATE: _____



INSPECTION DEPARTMENT: 952-873-5655

218 Meridian Street North, Belle Plaine, MN 56011

Fax Number: 952-873-5509

PLUMBING PERMIT APPLICATION

PLUMBING PERMIT NUMBER: _____

CLASS OF WORK New Addition Replacement

PLUMBING CONTRACTOR: NAME, ADDRESS, CITY, STATE, ZIP CODE

PHONE NUMBER: _____

OTHER PHONE NUMBER: _____

STATE BOND NUMBER: _____

STATE PLUMBERS LICENSE NUMBER: _____

ESTIMATED VALUE OF WORK TO BE PERFORMED **REQUIRED:** \$ _____

OFFICE USE ONLY

- | | | | |
|--------------------------------------------------|-----------------------------------------|----------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Water Closet (Toilet) | <input type="checkbox"/> Bathtub | <input type="checkbox"/> Floor Sink or Drain | <input type="checkbox"/> Laundry Tray/Sink |
| <input type="checkbox"/> Lavatory (Wash Basin) | <input type="checkbox"/> Shower | <input type="checkbox"/> Piping/Treating Equipment | <input type="checkbox"/> Water Heater |
| <input type="checkbox"/> Kitchen Sink & Disposal | <input type="checkbox"/> Urinal | <input type="checkbox"/> Rough-in Future Fixture | <input type="checkbox"/> Water Softener |
| <input type="checkbox"/> Clothes Washer Box | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Lawn Sprinkler System | <input type="checkbox"/> Sump Basket/Pump |
| <input type="checkbox"/> Roof Leader-Rainwater | <input type="checkbox"/> Misc. Fixtures | <input type="checkbox"/> Back Flow Preventor | <input type="checkbox"/> Drinking Fountain |

Number of Fixtures at \$5.00 each: \$ _____

(Minimum Residential Fee is \$49.50.)

State Surcharge: \$ _____

(Minimum Commercial Fee is \$50.00.)

Total Plumbing Permit: \$ _____

(Commercial fee is based on valuation.)

MECHANICAL PERMIT APPLICATION

MECHANICAL PERMIT NUMBER: _____

CLASS OF WORK New Addition Replacement

MECHANICAL CONTRACTOR: NAME, ADDRESS, CITY, STATE, ZIP CODE

PHONE NUMBER: _____

OTHER PHONE NUMBER: _____

STATE BOND NUMBER: _____

ESTIMATED VALUE OF WORK TO BE PERFORMED **REQUIRED:** \$ _____

WARM AIR

UNDERGROUND DUCT SYSTEM: Yes () No ()

Gravity _____ Forced _____
Input B.T.U. _____ Output B.T.U. _____

GAS FITTINGS

- | | | |
|--------------------------------------|---------------------------------------|----------------------------------|
| <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"/> Grill |
| <input type="checkbox"/> Stove | <input type="checkbox"/> Fireplace | <input type="checkbox"/> Boiler |
| <input type="checkbox"/> Other _____ | | |

AIR CONDITIONING SYSTEM

Tons _____ CFM _____ Ductwork _____

WET HEAT

Baseboard _____ In-Floor (Wirsbo) _____ Input B.T.U. _____

VENTILATION

Exhaust Only

Number of Fans _____ Type _____
C.F.M. Delivered _____

Air Exchange Unit

HRV _____ ERV _____
Minimum CFM _____ Maximum CFM _____

OFFICE USE ONLY:

Mechanical Permit Fee: \$ _____

State Surcharge: \$ _____

Total Mechanical Permit: \$ _____

(Minimum Residential Fee is \$49.50)

(Minimum Commercial Fee is \$50.00)

(Commercial fee is based on valuation.)

Mechanical or Plumbing Comments:

