

**BUILDING PERMIT #**

*Applicant to complete up to "Office Use Only" section.*

SITE ADDRESS	DATE RECEIVED (Office Use)
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OWNER	Name / Address / City / State / Zip Code
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<b>Property I.D.#</b>	<b>Daytime Telephone</b>
<input type="checkbox"/> Commercial <input type="checkbox"/> Residential ESTIMATED VALUE OF WORK TO BE PERFORMED	<input type="checkbox"/> New Construction <input type="checkbox"/> Deck <input type="checkbox"/> Demolition <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 _____

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 date of Permit issued, or if building and work suspended, abandoned or not inspected for 180 days.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**BUILDER INFORMATION**

BUILDER	Name / Address / City / State / Zip / Telephone	Contractors License No.
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ARCHITECT	Name / Address / City / State / Zip / Daytime Telephone
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**OFFICE USE ONLY - Special Conditions of Permit:**

<b>SETBACKS</b>	<b>PERMIT VALUATION:</b>
ACTUAL:    Front _____    Rear _____    Side _____    Side _____ REQUIRED:    Front _____    Rear _____    Side _____    Side _____	
OCCUPANCY TYPE:	ZONING CLASS:
TYPE OF CONSTRUCTION:	
CODE USED:    IRC    IBC    OTHER: _____	SPRINKLED BUILDING:    YES / NO

Permit Fee: \$ _____ Plan Check Fee: \$ _____ State Surcharge: \$ _____ Site Inspection Fee: \$ _____ Other: \$ _____ <b>SUB-TOTAL \$</b> _____  Plumbing Fee \$ _____ Mechanical Fee \$ _____	<p align="center"><b>CITY FEES</b></p> Tracer Wire Boxes \$ _____ Sewer Hook-Up: \$ _____ Water Hook-Up: \$ _____ Water Meter: \$ _____ Additional Water Meter: \$ _____ City Fee: \$ _____ Other: \$ _____  <b>TOTAL DUE: \$</b> _____
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Form of Payment _____	Receipt _____	Date _____	By _____
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BUILDING OFFICIAL APPROVAL BY: _____	DATE: _____
ZONING ADMINISTRATOR: _____	DATE: _____

## PLUMBING INFORMATION

PLUMBING PERMIT#

State Bond No.

State Plumbers License No.

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

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

ESTIMATED VALUE

**Office Use Only:**

_____ Water Closet (Toilet)	_____ Bathtub	_____ Floor Sink or Drain
_____ Lavatory (Wash Basin)	_____ Shower	_____ Piping/Treating Equipment
_____ Kitchen Sink & Disp.	_____ Dishwasher	_____ Catch Basin
_____ Laundry Tray	_____ Clothes Washer	_____ Vacuum Breakers
_____ Water Heater	_____ Water Softener	_____ Lawn Sprinkler System
_____ Urinal	_____ Drinking Fountain	_____ Roof Leader-Rainwater
_____ Rough-in Future Fixture	_____ Sump	_____ Septic Tank & Drain Field
_____ Misc. Fixtures		

\_\_\_\_\_ # of Fixtures @ \$5.00 each: \$ \_\_\_\_\_ (Minimum Fee of \$39.50)  
 State Surcharge: \$ \_\_\_\_\_ .50

**Total Plumbing Permit: \$ \_\_\_\_\_**

## MECHANICAL INFORMATION

MECHANICAL PERMIT #

State Bond No.

ESTIMATED VALUE

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

**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 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"/> Fireplace
<input type="checkbox"/> Stove	<input type="checkbox"/> Grill	<input type="checkbox"/> Other _____

**Office Use Only:**

Mechanical Permit Fee (\$39.50 ea): \$ \_\_\_\_\_

Mechanical Surcharge: \$ \_\_\_\_\_ .50

Other: \$ \_\_\_\_\_

**Total Mechanical Permit: \$ \_\_\_\_\_**

**Mechanical or Plumbing Comments:**

**CITY OF BELLE PLAINE  
 218 NORTH MERIDIAN STREET  
 BELLE PLAINE, MN 56011  
 PHONE (952) 873-5655 - FAX (952) 873-5509**