



City of Belle Plaine
 218 Meridian Street North
 PO Box 129
 Belle Plaine, MN 56011

Inspection Department
 Building Official, Scott McCarty
Phone: 952-873-5655
 Fax: 952-873-5509

BUILDING PERMIT APPLICATION	Building Permit: _____
	Plumbing Permit: _____
	Mechanical Permit: _____

SITE ADDRESS: _____	P.I.N.: _____
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OWNER NAME: (and Address if different than Site Address) _____	Phone: _____ Email: _____
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STRUCTURE USE: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	WORK CLASSIFICATION: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Replacement/Repair
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PERMIT TYPE: (check all that apply)					
<input type="checkbox"/> Pool	<input type="checkbox"/> Demolition	<input type="checkbox"/> Re-roof	<input type="checkbox"/> Re-side	<input type="checkbox"/> Re-window	<input type="checkbox"/> Shed (over 200 sq. ft.)
<input type="checkbox"/> Fire Suppression	<input type="checkbox"/> Other _____	<input type="checkbox"/> New Home	<input type="checkbox"/> Finish Basement	<input type="checkbox"/> Deck	<input type="checkbox"/> Garage
<input type="checkbox"/> Plumbing*	<input type="checkbox"/> Mechanical*				

*Complete reverse side of application for Plumbing & Mechanical Permits.

CONTRACTOR NAME/ADDRESS: <input type="checkbox"/> Home Owner	Contractor License: _____ Contractor Phone: _____
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WORK DESCRIPTION: _____	Estimated Value: \$ _____
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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. 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.
 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.

Signature of Applicant: _____ **Date:** _____

OFFICE USE ONLY

Date Received: _____	Permit Valuation: \$ _____
Zoning District: _____	Type of Construction: <input type="checkbox"/> VB <input type="checkbox"/> Other _____
Structure Height: _____	Occupancy Type: <input type="checkbox"/> IRC-1 <input type="checkbox"/> Other _____
Code Used: <input type="checkbox"/> IRC <input type="checkbox"/> IBC <input type="checkbox"/> Other _____	Sprinkled Building: <input type="checkbox"/> Yes <input type="checkbox"/> No
Setbacks: Actual: Front: _____ Rear: _____ Side: _____	Side: _____
Required: Front: 30' Rear: 5' or 30' Side: 0', 5' or 10'	Side: 0', 5', 10' or 20'

Comments: _____

<u>City Fees</u>	<u>Building Permit Fees</u>	<u>Subtotals</u>
Tracer Wire Box: \$ _____	Permit Fee: \$ _____	Plumbing Permit Total: \$ _____
Sewer Hook-up: \$ _____	Plan Review Fee: \$ _____	Mechanical Permit Total: \$ _____
Water Hook-up: \$ _____	State Surcharge: \$ _____	City Fees Total: \$ _____
Water Meter: \$ _____	Other: \$ _____	Building Permit Total: \$ _____
Other: \$ _____		
City Fees Total: \$ _____	Building Permit Total: \$ _____	Total Due: \$ _____
	Form of Payment: _____	Transaction Number: _____
	Date Issued: _____	Issued By: _____
Building Official or Designee: _____		Date: _____
Zoning Administrator or Designee: _____		Date: _____



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PLUMBING PERMIT APPLICATION		Plumbing Permit: _____
		Building Permit: _____
CONTRACTOR NAME/ADDRESS: <input type="checkbox"/> Home Owner		Contractor License: _____ Contractor Phone: _____
WORK DESCRIPTION:		Estimated Value: \$ _____
FIXTURES PROPOSED:		
<input type="checkbox"/> Backflow Preventer	<input type="checkbox"/> Kitchen Sink/Disp.	<input type="checkbox"/> Piping/Treat. Equip.
<input type="checkbox"/> Bathtub	<input type="checkbox"/> Laundry Tray/Sink	<input type="checkbox"/> Roof Leader
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Lavatory (Wash Basin)	<input type="checkbox"/> Rough-in Fixture
<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Lawn Irrigation	<input type="checkbox"/> Shower
<input type="checkbox"/> Floor Sink /Drain	<input type="checkbox"/> Misc. Fixture.	<input type="checkbox"/> Sump Basket/Pump
		<input type="checkbox"/> Urinal
		<input type="checkbox"/> Washer Stand Pipe
		<input type="checkbox"/> Water Closet (Toilet)
		<input type="checkbox"/> Water Heater
		<input type="checkbox"/> Water Softener

MECHANICAL PERMIT APPLICATION		Mechanical Permit: _____
		Building Permit: _____
CONTRACTOR NAME/ADDRESS: <input type="checkbox"/> Home Owner		State Mechanical Bond #: _____ Contractor Phone: _____
WORK DESCRIPTION:		Estimated Value: \$ _____
EQUIPMENT PROPOSED:		
<input type="checkbox"/> Furnace: _____ BTU Input Rating	<input type="checkbox"/> A/C: _____ Seer Rating	<input type="checkbox"/> Boiler: _____ BTU Input Rating
<input type="checkbox"/> Fireplace: _____ BTU Input Rating	<input type="checkbox"/> Air Exchanger: _____ CFM High/Low	<input type="checkbox"/> Exhausting Device: _____ CFM
<input type="checkbox"/> Unit Heater: _____ BTU Input Rating	<input type="checkbox"/> Gas Line Only	<input type="checkbox"/> Duct Work Only

OFFICE USE ONLY	
Total Plumbing Fixtures: _____ Residential, Minimum Plumbing Permit Fee: \$50.00 Commercial, Minimum Plumbing Permit Fee: \$75.00 Plumbing Permit Fee: \$ _____ State Surcharge: \$ _____ Other: \$ _____ Total: \$ _____	Total Mechanical Fixtures: _____ Residential, Minimum Mechanical Permit Fee: \$50.00 Commercial, Minimum Mechanical Permit Fee: \$75.00 Mechanical Permit Fee: \$ _____ State Surcharge: \$ _____ Other: \$ _____ Total: \$ _____