



City of Belle Plaine
 218 N. Meridian Street
 P.O. Box 129
 Belle Plaine, MN 56011

Inspection Department
 Building Official, Jim Tiegs
 Phone: 952-873-5655
 Fax: 952-873-5509

FINISHED BASEMENT PERMIT APPLICATION

Email permits to: permitting@ci.belleplaine.mn.us

Finished Basement Permit:

Plumbing Permit:

Mechanical Permit:

STRUCTURE USE: Residential Commercial **WORK CLASS:** New Addition Remodel Replacement

SECONDARY PERMIT: Plumbing* Mechanical* **Complete reverse side of application for Plumbing and/or Mechanical Permit(s)*

SITE Address: Belle Plaine, MN P.I.N:

Lot Number: Block Number: Subdivision:

OWNER Name: Phone:

Address: E-Mail:

CONTRACTOR Homeowner Name or Company:

Phone: Contractor's License: E-Mail:

Address:

WORK DESCRIPTION: VALUATION (Labor & material) : \$

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 Class: _____ **Type of Const:** VB Other _____

Structure Height: _____ **Occupancy Type:** _____

Code Used: IRC IBC Other _____ **Sprinkled Bldg:** Yes No

Comments: _____

FEES

Building Permit Fees		Subtotals		
Permit Fee: \$		Plumbing Permit Total: \$		Form of Payment:
Plan Review Fee: \$		Mechanical Permit Total: \$		
State Surcharge: \$		City Fees Total: \$		Date Issued:
Other: \$		Building Permit Total: \$		Transaction Number:
Total: \$		Total Due: \$		Issued By:

Building Official or Designee: _____ **Date:** _____

Zoning Administrator or Designee: _____ **Date:** _____

City of Belle Plaine

Inspection Department



218 N. Meridian Street
 P.O. Box 129
 Belle Plaine, MN 56011

Building Official, Jim Tiegs
 Phone: 952-873-5655
 Fax: 952-873-5509

PLUMBING PERMIT APPLICATION		Plumbing Permit:
		<input type="checkbox"/> Finished Basement Permit:
STRUCTURE USE: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial		WORK CLASS: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Replacement
CONTRACTOR	<input type="checkbox"/> Homeowner	Name or Company:
Phone:	Contractor's License:	E-Mail:
Address:		
WORK DESCRIPTION:		VALUATION <i>(Labor & Materials):</i> \$

OFFICE USE ONLY			
FIXTURES PROPOSED			
<input type="checkbox"/> Backflow Preventer	<input type="checkbox"/> Lawn Sprinkler System	<input type="checkbox"/> Water Closet <i>(Toilet)</i>	<input type="checkbox"/> Sump Basket/ Pump
<input type="checkbox"/> Bathtub	<input type="checkbox"/> Roof Leader-Rainwater	<input type="checkbox"/> Water Softener	<input type="checkbox"/> Rough-in Future Fixtures
<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Shower	<input type="checkbox"/> Water Heater	<input type="checkbox"/> Kitchen Sink & Disposal
<input type="checkbox"/> Floor Sink or Drain	<input type="checkbox"/> Urinal	<input type="checkbox"/> Misc. Fixtures	<input type="checkbox"/> Piping/ Treating Equip.
<input type="checkbox"/> Lavatory <i>(Wash Basin)</i>	<input type="checkbox"/> Washer Stand Pipe	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Laundry Tray/ Sink

MECHANICAL PERMIT APPLICATION		Mechanical Permit:
		<input type="checkbox"/> Finished Basement Permit:
STRUCTURE USE: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial		WORK CLASS: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Replacement
CONTRACTOR	<input type="checkbox"/> Homeowner	Name or Company:
Phone:	Mechanical Bond:	E-Mail:
Address:		
WORK DESCRIPTION:		
EQUIPMENT PROPOSED:		VALUATION <i>(Labor & Materials):</i> \$
<input type="checkbox"/> Furnace: BTU Rating _____	<input type="checkbox"/> A/C: Seer _____	<input type="checkbox"/> Boiler: BTU Rating _____
<input type="checkbox"/> Fireplace: BTU Rating _____	<input type="checkbox"/> Air Exchange: CFM _____	<input type="checkbox"/> Exhausting Device: CFM _____

OFFICE USE ONLY	
PLUMBING/ MECHANICAL FEES	
Plumbing Permit Fees <small>(Residential, Minimum Fee \$50.00) / (Commercial, Minimum Fee \$75.00)</small>	Mechanical Permit Fees <small>(Residential, Minimum Fee \$50.00) / (Commercial, Minimum Fee \$75.00)</small>
Number of Fixtures:	Number of Fixtures:
Permit Fee: \$	Permit Fee: \$
State Surcharge: \$	State Surcharge: \$
Other: \$	Other: \$
Total: \$	Total: \$
<i>Plumbing and Mechanical payment(s), issue date, transaction number and issued by are recorded on building permit.</i>	