

City of Watertown
309 Lewis Ave S, PO Box 279
Watertown, MN 55388

PERMIT APPLICATION

Building Permit # _____
PID # _____
Date Issued _____
Receipt # _____

TO SCHEDULE YOUR INSPECTIONS PLEASE CALL MNSPECT AT 952-442-7520

GOVERNMENT DATA PRACTICES ACT – TENNISON WARNING: The data you supply on this form will be used to process the permit you are applying for. You are legally required to provide the data, but we will not be able to process the permit without it. The data will constitute a public record if and when the permit is granted.

Site Location _____ Date _____
Owner Name _____ Owner Phone # _____
Contractor _____ License # _____
Contractor Address _____ City _____ State _____ Zip _____
Email Address _____ Contractor Phone # _____
**Lead Cert # _____ **Is the home pre-1978? Yes No *Does the project require lead remediation?

Yes No If no, complete lead supplement form

Type of Work: Residential Commercial

Valuation of Work \$ _____

Permit Type:

- | | | | |
|--|---|---------------------------------------|--|
| <input type="radio"/> New Construction | <input type="radio"/> Accessory Structure | <input type="radio"/> Pool | <input type="radio"/> Fire Protection |
| <input type="radio"/> Basement Finish | <input type="radio"/> Fence | <input type="radio"/> Plumbing | <input type="radio"/> Sewer & Water |
| <input type="radio"/> Remodel | <input type="radio"/> Re-Roof | <input type="radio"/> Mechanical | <input type="radio"/> Tennant Alteration |
| <input type="radio"/> Addition _____ | <input type="radio"/> Re-Side | <input type="radio"/> Demolition | <input type="radio"/> Other _____ |
| <input type="radio"/> Deck | <input type="radio"/> Window Replacement | <input type="radio"/> Building Moving | |

Description of Work _____

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required. I acknowledge that the information above is complete and accurate and the work will be done in accordance with the approved plans, specifications and conditions. I agree to abide by all ordinances of the City of Watertown and with the MN State Building Code. I understand this is not a permit but an application for a permit and work is not to start without a permit.

Print Name _____ Signature _____

Signature of (please check one): Owner Contractor Other

OFFICE USE:

Valuation	\$ _____
Permit Fee	\$ _____
Plan Review	\$ _____
City Lead Surcharge	\$ _____
State Surcharge	\$ _____
Site Inspection Fee	\$ _____
SEC Fee	\$ _____
Water Hook-up Fee	\$ _____
Sewer Hook-up Fee	\$ _____
Sewer Inspection Fee	\$ _____
Water Inspection Fee	\$ _____
Water Meter	\$ _____
Storm Water Fee	\$ _____
Park Dedication Fee	\$ _____
Sub Total	\$ _____
Other _____	\$ _____
Other _____	\$ _____
TOTAL DUE	\$ _____

INSPECTIONS:

- | | |
|--------------------|--------------------------|
| Site | <input type="checkbox"/> |
| Footing/Foundation | <input type="checkbox"/> |
| Framing | <input type="checkbox"/> |
| Insulation | <input type="checkbox"/> |
| Wallboard | <input type="checkbox"/> |
| Reroof/Photos | <input type="checkbox"/> |
| Reside/Photos | <input type="checkbox"/> |
| Stucco | <input type="checkbox"/> |
| Cultured Stone | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> |
| Final | <input type="checkbox"/> |

Construction Code:

- IBC IRC

Construction Type	_____
Occupancy	_____
Square Footage	_____
Sprinklers	_____
Zoning District	_____
Floodplain Elevation	_____
Setbacks:	Actual Required
Front	_____
Rear	_____
Side	_____
Side	_____

Approvals:

Planning	_____
Engineering	_____
Public Works	_____
Fire	_____

Permit Approved By: _____

Date Approved: _____

MECHANICAL PERMIT INFORMATION

Permit # _____

Contractor _____ License # _____

Address _____ City _____ State _____ ZIP _____

Email Address _____ Phone # _____

Work Type New Replacement Valuation of Work \$ _____

Fuel Type Gas LP Electric Wood Oil

System Type HVAC Refrigeration Gas Piping Fireplace

Manufacturer _____ Model No. _____

Value Size _____ Ton _____ HP _____

Written Description _____

<u>Computation of Fees:</u>	<u>\$ Amount/Fee</u>	<u>Subtotal</u>
New Single Family home heating/cooling	Per Plan Review	\$ _____
\$1.00 to \$2,500 valuation	\$75.00 (fixed fee)	\$ _____
\$2,500 to \$50,000 valuation	2% of valuation	\$ _____
\$50,000 and up	\$1,000 + 1% of valuation in excess of \$50,000	\$ _____
State Surcharge	\$1.00 if permit is fixed fee	\$ _____
	.0005 x valuation of work up to \$1,000,000	\$ _____
Plan Review Fee (when submittal documents are required)	10% of permit fee	\$ _____
	TOTAL	\$ _____

OFFICE USE:

Required Inspections Rough-In Final Air Test ORSAT
 Approvals Required Fire Planning Public Works Other _____
 Conditions of Issuance _____

PLUMBING PERMIT INFORMATION

Permit # _____

Contractor _____ License # _____

Address _____ City _____ State _____ ZIP _____

Email Address _____ Phone # _____

Work Type New Replacement Valuation of Work \$ _____

Written Description _____

<u>Computation of Fees:</u>	<u>\$ Amount/Fee</u>	<u>Subtotal</u>
New Single Family home plumbing permit	Per Plan Review	\$ _____
\$1.00 to \$2,500 valuation	\$75.00 (fixed fee)	\$ _____
\$2,500 to \$50,000 valuation	2% of valuation	\$ _____
\$50,000 and up	\$1,000 + 1% of valuation in excess of \$50,000	\$ _____
State Surcharge	\$1.00 if permit is fixed fee	\$ _____
	.0005 x valuation of work up to \$1,000,000	\$ _____
Plan Review Fee (when submittal documents are required)	10% of permit fee	\$ _____
	TOTAL	\$ _____

OFFICE USE:

Required Inspections Rough-In Final Air Test ORSAT
 Approvals Required Fire Health Other _____
 Conditions of Issuance _____