City of Watertown
309 Lewis Ave S, PO Box 279
Watertown, MN 55388
Phone: 952.955.2681 SAFEBUILT: 952.442.7520 / infoMN@safebuilt.com

PERMIT NUMBERS
PRIMARY: _____
MECHANICAL: _____
PLUMBING: _____

TYPE: □ Commercial □ Residential □ Educational/Institutional/State-Licensed

□ Accessory Structure <=200 SF	□ Fire Supression	□ Modular Home	□ Repair/Remodel/Alteration
□ Addition	□ Fire Supression (Type I Hood)	□ Moved-In Structure	□ Re-Roof
□ Basement Finish	□ Fuel Tank/Pump Install/Remove	□ New Garage/Accessory Structure	□ Re-Side
□ Change of Occupancy	□ Foundation Repair/Draintile	□ New Home/Townhome	□ Retaining Wall <=4'
□ Deck/Porch (residential)	□ Garage O/H door replacement	□ New Multi-Family	□ Re-Window/Exterior Door
□ Demolition	□ Gas line only-provide detail on Page 2	□ New Commercial Bldg	□ Solar
□ Fence <=7' high	□ Manufactured Home	□ New Structure (other)	□ Other
□ Fire Alarm	□ Mechanical (provide detail below)	□ Plumbing (provide detail below)	

DETAILED DESCRIPTION OF WORK: | **ESTIMATED VALUATION OF WORK:**

Applicant is: □ Owner OR □ Contractor
Applicant Name: E-Mail: Phone:

JOB SITE: _____ **PID:** _____
street address city/state/zip (parcel ID)

PROPERTY OWNER: Address: □ **same as Job Site address**
Phone: Email: (City/State/Zip)

CONTRACTOR: Address:
Phone: Email: (City/State/Zip)
Contractor License No: Contact Name: Phone:

ARCHITECT: Address:
Phone: Email: (City/State/Zip)

1) Was the home constructed before 1978? (**YES** □, continue with line 2, **NO** □ continue without completing EPA Section)
2) Will the work disturb ≥6 sq ft of interior painted surfaces or ≥20 sq ft of exterior painted surfaces? (**YES** □ go to line 4, **NO** □ line 3)
3) Are there any windows being replaced? (**YES** □, go to line 4, **NO** □ continue without completing EPA Section)
4) Has this home been Certified Lead Free? (**YES** □, you MUST Attach Certification Information, **NO** □ complete line 5)
5) EPA Contractor Certification Number: **NAT -**

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required and authorizes the Zoning Administrator or designee and the 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 ordinances of the Municipality 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 work is not commenced within 180 days from date of permit, or if work is suspended, abandoned, or not inspected for 180 days. Work beyond the scope of this permit, or work without a permit or inspection, will be subject to a penalty.

SIGNATURE OF APPLICANT: **DATE:**

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MECHANICAL INFORMATION

CONTRACTOR: Address:
Phone: Email: (City/State/Zip)
Mechanical Bond No: Contact Name: Phone:

Indicate appliances and gas lines you will be installing or replacing (include count for each type):
□ **Replacement (one fixture only, no piping or vent changes)** □ **Addition/Remodel** □ **New Construction**

MECHANICAL APPLIANCES		***GAS LINES***	
Quantity	**Quantity**	**Quantity**	**Quantity**
_____ Furnace	_____ Kitchen Fan	_____ Furnace	_____ Dryer
_____ Air Conditioning System	_____ Bath Fan	_____ Fireplace	_____ Stove
_____ Air Exchanger	_____ Grill	_____ Unit Heater	_____ _____
_____ Fireplace	_____ Unit Heater	_____ Water Heater	_____ _____
_____ In Floor Heat	_____ Gas Log	_____ Grill	

PLUMBING INFORMATION

CONTRACTOR: Address:
Phone: Email: (City/State/Zip)
Plg Contractor License No: Contact Name: Phone:

□ **Replacement (one fixture only, no piping or vent changes)** □ **Addition/Remodel** □ **New Construction**
Indicate fixtures you will be installing or replacing (include count for each type):

Quantity	**Quantity**	**Quantity**	**Quantity**
_____ Water Heater	_____ Shower	_____ Laundry Tub	_____ Lawn Sprinkler System
□ Gas □ Electric	_____ Bathtub	_____ Kitchen Sink	_____ Hose Bib
_____ Water Softener	_____ Dishwasher	_____ Sump	_____ Rough-In Future Fixture
_____ Water Closet (Toilet)	_____ Clothes Washer	_____ Water Piping System	_____ _____
_____ Lavatory (Wash Basin)	_____ Ice Maker Line	_____ Floor Drain	_____ _____