

CASTLE ROCK TOWNSHIP

2537 240th Street W

Farmington, MN 55024

Phone: 651-460-2221 Fax: 651-463-3569

PAGE 1

BUILDING PERMIT

Handout Given

Lead Handout Given

SITE ADDRESS: \_\_\_\_\_ PID: \_\_\_\_\_

- 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 -

PROPERTY OWNER: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contractor License No: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

ARCHITECT: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>TYPE OF WORK:</b> <input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	<input type="checkbox"/> New Construction	<input type="checkbox"/> Deck	<input type="checkbox"/> Re-Roof
	<input type="checkbox"/> Change of Use	<input type="checkbox"/> Pool	<input type="checkbox"/> Re-Side
<b>EST. VALUATION OF WORK</b> \$ _____ Square feet: _____	<input type="checkbox"/> Finish Basement	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Fence _____
	<input type="checkbox"/> Remodel	<input type="checkbox"/> Porch	<input type="checkbox"/> Shed _____
<b>Detailed Description of Work:</b>	<input type="checkbox"/> Addition	<input type="checkbox"/> Demolition	<input type="checkbox"/> Window/Door Replacement
	<input type="checkbox"/> Garage-Attached/Detach	<input type="checkbox"/> Plumbing-provide detail on Page 2	<input type="checkbox"/> # being replaced _____
	<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Mechanical-provide detail on Page 2	<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 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 Township 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: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ This is the signature of:  Owner or  Owner's Representative

OCCUP. TYPE: \_\_\_\_\_ CONST. TYPE: \_\_\_\_\_ CODE: \_\_\_\_\_ BLDG SPRINKLED Yes / No

VALUATION: \$ \_\_\_\_\_

Permit Fee: \$ _____	Filing Fee \$ _____
Plan Review Fee: \$ _____	Agricultural Fee \$ _____
State Surcharge: \$ _____	Penalty Fee \$ _____
Site Inspection Fee: \$ _____	Less Down Payment \$ (_____)
\$ _____	Other: \$ _____
Investigation Fee / Other Fee: \$ _____	\$ _____
Copy Charge (\$.25 per 8.5 x11 page) \$ _____	\$ _____
License Check (\$5) / Lead Check (\$5) \$ _____	
<b>SUB-TOTAL \$</b> _____	
Plumbing Fee (from Page 2) \$ _____	
Mechanical Fee (from Page 2) \$ _____	
	<b>TOTAL DUE: \$</b> _____

Special Conditions/Required Setbacks: \_\_\_\_\_

Building Approval By: \_\_\_\_\_ DATE: \_\_\_\_\_

Printed Building Approval By: \_\_\_\_\_  License Verification  Lead Verification - Checked By: \_\_\_\_\_

Township Approval By: \_\_\_\_\_ DATE: \_\_\_\_\_

Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt No. \_\_\_\_\_ By: \_\_\_\_\_

TO BE FILLED OUT BY APPLICANT - INCOMPLETE APPS MAY NOT BE PROCESSED

OFFICE USE ONLY

MECHANICAL PERMIT \_\_\_\_\_

PLUMBING PERMIT \_\_\_\_\_

FOR PERMIT ISSUANCE  
PAGE 1 and PAGE 2 should be complete

**MECHANICAL INFORMATION**

<b>Mechanical Contractor:</b>			Address:		
City:	State:	Zip:	Phone:	Fax:	
State Bond No:			Contact Name:		
Email:			Contact Phone:		

**Detailed Description of Work:**

Indicate type of project, fixtures, and Gas Lines you will be installing or replacing (include count for each type of fixture):

<b>MECHANICAL FIXTURES</b>		<b>GAS LINES</b>	
<u>Quantity</u>	<u>Quantity</u>	<u>Quantity</u>	<u>Quantity</u>
_____	Furnace	_____	Kitchen Fan
_____	Air Conditioning System	_____	Bath Fan
_____	Air Exchanger	_____	Grill
_____	Fireplace	_____	_____
_____	Unit Heater	_____	_____
_____	In Floor Heat	_____	_____
_____	Gas Log	_____	_____
_____	_____	_____	Furnace
_____	_____	_____	Fireplace
_____	_____	_____	Unit Heater
_____	_____	_____	Water Heater
_____	_____	_____	Grill
_____	_____	_____	Dryer
_____	_____	_____	Stove

- Replacement (one fixture only, no piping or vent changes)
- Addition/Remodel
- New Construction
- Other \_\_\_\_\_

**Office Use Only:**

Mechanical Permit Fee: \$ \_\_\_\_\_

Gas Line Permit Fee: \$ \_\_\_\_\_

State Surcharge: \$ \_\_\_\_\_

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

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

**PLUMBING INFORMATION**

<b>Plumbing Contractor:</b>			Address:		
City:	State:	Zip:	Phone:	Fax:	
Plumbers License No:			State Bond No:		
Contact Name:			Contact Phone:		
Email:					

**Detailed Description of Work:**

Indicate type of project and fixtures you will be installing or replacing (include count for each type of fixture):

<b>PLUMBING FIXTURES</b>		<u>Quantity</u>
_____	Water Heater	_____
<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	_____
_____	Water Softener	_____
_____	Lawn Sprinkler System	_____
_____	Water Closet (Toilet)	_____
_____	Lavatory (Wash Basin)	_____
_____	Shower	_____
_____	Dishwasher	_____
_____	Clothes Washer	_____
_____	Ice Maker Line	_____
_____	Hose Bib	_____
_____	Bathtub	_____
_____	Laundry Tub	_____
_____	Rough-In Future Fixture	_____
_____	Sump	_____
_____	Water Piping System	_____
_____	Floor Drain	_____

- Replacement (one fixture only, no piping or vent changes)
- Addition/Remodel
- New Construction
- Other \_\_\_\_\_

**Office Use Only:**

Plumbing Permit Fee: \$ \_\_\_\_\_

State Surcharge \$ \_\_\_\_\_

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

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