

CITY OF MAYER



PERMIT APPLICATION

BUILDING PERMIT #

Applicant to complete the following:

SITE ADDRESS	DATE
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LEGAL DESCRIPTION	<input type="checkbox"/> Fieldstone <input type="checkbox"/> Coldwater Crossing <input type="checkbox"/> Sunset Meadows <input type="checkbox"/> Hidden Creek <input type="checkbox"/> Other _____ Addition: 1 2 3 4 5 6 7 8 9 10 11 12	Lot #: _____ Block #: _____ P.I.D. # _____
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OWNER	Name / Address / City / State / Zip / Daytime Telephone
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BUILDER	Name / Address / City / State / Zip / Daytime Telephone	Contractors License #
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ARCHITECT	Name / Address / City / State / Zip / Daytime Telephone
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SURVEY / ENGINEERING	Name / Address / City / State / Zip / Daytime Telephone
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TYPE OF WORK <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	<input type="checkbox"/> New Construction <input type="checkbox"/> Finish Basement <input type="checkbox"/> Remodel <input type="checkbox"/> Addition <input type="checkbox"/> Garage - Attached <input type="checkbox"/> Garage - Detached	<input type="checkbox"/> Deck <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Pool <input type="checkbox"/> Re-Roof <input type="checkbox"/> Re-Side <input type="checkbox"/> Window Replacement	<input type="checkbox"/> Demolition <input type="checkbox"/> Fence <input type="checkbox"/> Shed <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Misc Other
ESTIMATED VALUE OF WORK TO BE PERFORMED \$ _____			

PROPOSED SETBACKS & STATISTICS						TYPE OF HOUSE					
<input type="checkbox"/> Corner Lot	# of Garage Stalls:		1	2	3	4	5	6	7	<input type="checkbox"/> Split Entry	<input type="checkbox"/> Split Level
Front _____ (Feet)	# of Finished Bedrooms:		1	2	3	4	5	6	7	<input type="checkbox"/> Walk-Out	<input type="checkbox"/> Full Basement
Right Side _____ (Feet)	# of Finished Bathrooms:		1	2	3	4	5	6	7	<input type="checkbox"/> Twin Home	<input type="checkbox"/> Townhome
Left Side _____ (Feet)	Total Finished Area:		_____ (Sq.Ft.)						<input type="checkbox"/> Triplex	<input type="checkbox"/> Quad	
Rear _____ (Feet)	Base Floor Elevation:		_____ (Feet)						<input type="checkbox"/> Cottage / Patio Home		
	Base Opening Elevation:		_____ (Feet)						<input type="checkbox"/> Other _____		

COMMENTS / SPECIAL CONDITIONS OF PERMIT

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 Mayer Zoning Administrator or designee and the City of Mayer 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 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.

Permit expires when building and work is not commenced within 180 days from date of Permit issued, or if building and work suspended, abandoned or not inspected for 180 days.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

Office Use Only

REQUIRED SETBACKS	ZONING	OCCUPANCY TYPE:
Front _____ (Feet)	<input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> PRD	TYPE OF CONSTRUCTION:
Right Side _____ (Feet)	<input type="checkbox"/> C-1 <input type="checkbox"/> C-2 <input type="checkbox"/> C/I	SPRINKLED BUILDING: <input type="checkbox"/> YES <input type="checkbox"/> NO
Left Side _____ (Feet)	<input type="checkbox"/> A <input type="checkbox"/> P/I	CODE USED: <input type="checkbox"/> IRC <input type="checkbox"/> IBC
Rear _____ (Feet)	Other: _____	PERMIT VALUATION:
B.F.E. _____ (Feet)		\$ _____

Permit Fee: \$ _____ Plan Check Fee: \$ _____ State Surcharge: \$ _____ Site Inspection Fee: \$ _____ SE/WA Fee: \$ _____ S.E.C. Fee: \$ _____ Other: \$ _____ SUB-TOTAL \$ _____	WAC Charge: \$ _____ SAC Charge: \$ _____ Sewer Hook-Up: \$ _____ Water Hook-Up: \$ _____ Water Meter: \$ _____ Landscape Escrow: \$ _____ Street: \$ _____ _____ \$ _____
Plumbing Fee: \$ _____ Mechanical Fee: \$ _____	TOTAL DUE: \$ _____

BUILDING OFFICIAL: _____	DATE _____	Check # _____
ADMIN / CLERK / PLANNER _____	DATE _____	Receipt # _____
ZONING ADMINISTRATOR: _____		Date _____
		By _____

MECHANICAL INFORMATION

MECHANICAL PERMIT #

State Bond No.

Gas Fitters License No.

MECHANICAL CONTRACTOR

Name / Address / City / State / Zip / Daytime Telephone

ESTIMATED VALUE

WARM AIR

UNDERGROUND DUCT SYSTEM: Yes () No ()

Gravity _____ Forced _____

Input B.T.U. _____ Output B.T.U. _____

AIR CONDITIONING SYSTEM

Tons _____ CFM _____ Ductwork _____

VENTILATION / AIR EXCHANGE

Exhaust Only

No. of Fans _____ Size _____ Type _____

C.F.M. Del _____ Static Pressure _____

Air Exchange Unit

Type-Mixing Box _____

Heat Recovery Ventilation _____

Recovery Efficiency _____ Net Air Flows _____

Where ventilation is used/located _____

WET HEAT

Baseboard _____ In-Floor (Wirsbo) _____

Steam _____ Hot Water _____

Gross Sq. Ft. _____ Input B.T.U. _____

New _____ Repl. _____ Addition _____

GAS FITTING PERMITS

- | | | |
|----------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Dryer | <input type="checkbox"/> Water Heater | <input type="checkbox"/> Furnace |
| <input type="checkbox"/> Gas Log | <input type="checkbox"/> Unit Heater | <input type="checkbox"/> Fireplace |
| <input type="checkbox"/> Stove | <input type="checkbox"/> Grill | <input type="checkbox"/> Other _____ |

Office Use Only:

Mechanical or Plumbing Comments:

Mechanical Permit Fee : \$ _____

(\$60.00 each)

Mechanical Surcharge: \$ _____

Other: \$ _____

Total Mechanical Permit: \$ _____

PLUMBING INFORMATION

PLUMBING PERMIT#

State Bond No.

State Plumbers License No.

PLUMBING CONTRACTOR

Name / Address / City / State / Zip / Daytime Telephone

ESTIMATED VALUE

CLASS OF WORK: () New () Addition () Alteration () Repair

- | | | |
|-------------------------------|-------------------------|---------------------------------|
| _____ Water Closet (Toilet) | _____ Bathtub | _____ Floor Sink or Drain |
| _____ Lavatory (Wash Basin) | _____ Shower | _____ Piping/Treating Equipment |
| _____ Kitchen Sink & Disp. | _____ Dishwasher | _____ Catch Basin |
| _____ Laundry Tray | _____ Clothes Washer | _____ Vacuum Breakers |
| _____ Water Heater | _____ Water Softener | _____ Lawn Sprinkler System |
| _____ Urinal | _____ Drinking Fountain | _____ Roof Leader-Rainwater |
| _____ Rough-in Future Fixture | _____ Sump | _____ Septic Tank & Drain Field |
| _____ Misc. Fixtures | | |

Office Use Only:

_____ # of Fixtures (\$5.50 each): \$ _____ (Minimum Fee of \$75.00)

State Surcharge: \$ _____

Total Plumbing Permit: \$ _____

CITY OF MAYER
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