

201 First Street North
 PO Box 126
 Winsted, MN 55395
 (320) 485-2366

CITY OF WINSTED BUILDING PERMIT

Permit No. _____

Date Issued _____

DIRECTIONS: SPACES NUMBERED 1 THRU 19 MUST BE FILLED IN BEFORE PERMIT IS ISSUED (Please print or type and sign at bottom). New construction requires two site plans. All measurements must be from property line (not curb).		1. DATE _____	FEES Permit _____ Plan Check _____ Curb Cut _____ Site _____ Street Opening _____ Plumbing _____ Water Tap-in _____ Water Meter _____ Sewer Tap-in _____ Surcharge _____ Others _____ Total Fee _____
2. SITE ADDRESS _____			
3. LEGAL DESCRIPTION _____			
PROPERTY ID NO. _____			
4. OWNER (Name) _____ (Address) _____ (Tel. No.) _____			
5. ARCHITECT (Name) _____ (Address) _____ (Tel. No.) _____			
6. BUILDER (Name) _____ Lic. # _____ (Address) _____ (Tel. No.) _____			
7. TYPE OF WORK New Construction <input type="checkbox"/> Alterations <input type="checkbox"/> Addition <input type="checkbox"/> Finish Attic <input type="checkbox"/> Residing <input type="checkbox"/> Reroofing <input type="checkbox"/> Finish Basement <input type="checkbox"/> Porch <input type="checkbox"/> Garage <input type="checkbox"/> Chimney <input type="checkbox"/> Misc. _____			
8. SIZE OF STRUCTURE (Height) (Width) (Depth)	9. NO. OF STORIES	10. ESTIMATED VALUE	
11. COMPLETION DATE	12. PROPERTY DIMENSION Width _____ Depth _____	13. NO. OF FAMILIES (if applicable)	
14. PROPOSED ELEVATION IN RELATION TO CURB OR WATERWAY. _____ ELEV.	15. PROPERTY AREA OR ACRES Sq. Ft. _____	16. TYPE OF CONSTRUCTION	
17. FRONT YARD setback from property line Ft. _____	18. REAR YARD setback Ft. _____	19. SIDE YARDS setback _____ Right Sd. _____ Left Sd.	
20. FLOOR AREA APPORTIONMENT USE _____ AREA _____ Sq. Ft.			
_____ Sq. Ft.			
_____ Sq. Ft.			
AGGREGATE FLOOR AREA _____ Sq. Ft.			
SPECIAL CONDITIONS _____			

<p>Enforcement and administration of the Minn. State Building Code is a public service and is of necessity limited in nature. Consequently, the building permit and the subsequent building inspections, are not to be construed or relied upon as any type of warranty, guarantee, or representation on the part of the city that the plans, construction, or finished product are necessarily in conformance with the provisions of the Minnesota State Building Code or other applicable construction standards. Further, the city assumes no responsibility or liability for damages of any nature allegedly arising out of the issuance of this permit or subsequent inspections.</p>			

CODE ANALYSIS

Type of constr. _____
 Use of bldg. _____
 Occupancy group _____
 Occupancy load _____

ZONING DISTRICT _____
 Zoning Action Date _____

OFF STREET PARKING

Spaces Req. _____
 Spaces on Plan _____

MATERIAL FILED W/ APPLICATION

Soils Report Borings
 Percolation
 Compaction Tests

Plans & Specs Sets _____
 Survey Copies _____
 Energy Calculations
 Site Plan

FIRE SPRINKLERS REQUIRED

Yes No

SPECIAL APPROVALS

Zoning _____
 Fire Dept. _____
 Health Dept. _____
 Public Works _____
 County _____
 Other _____

CERTIFICATE OF OCCUPANCY ISSUED

Date _____ By _____

ACKNOWLEDGEMENT AND SIGNATURE:
 The undersigned hereby agrees that, in case such permit is granted, all work which shall be done and all materials which shall be used shall comply with the plans and specifications therefore herewith submitted and with all the ordinances of said City of Winsted applicable thereto.

 SIGNATURE OF APPLICANT

 APPROVED BY BUILDING INSPECTOR

MNSPECT, LLC

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MECHANICAL _____

PLUMBING _____

FOR PERMIT ISSUANCE

PAGE 1 and PAGE 2 should be complete

MECHANICAL INFORMATION

Mechanical Contractor:			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):

MECHANICAL FIXTURES		GAS LINES	
<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

<input type="checkbox"/> Replacement (one fixture only, no piping or vent changes) <input type="checkbox"/> Addition/Remodel <input type="checkbox"/> New Construction <input type="checkbox"/> Other _____	Office Use Only: Mechanical Permit Fee: \$ _____ Gas Line Permit Fee: \$ _____ Other: \$ _____ Total Mechanical Permit: \$ _____
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PLUMBING INFORMATION

Plumbing Contractor:			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):

PLUMBING FIXTURES		Quantity
<u>Quantity</u>	<u>Quantity</u>	<u>Quantity</u>
_____	Water Heater	_____
<input type="checkbox"/> Gas <input type="checkbox"/> Electric	Shower	_____
_____	Dishwasher	_____
_____	Clothes Washer	_____
_____	Ice Maker Line	_____
_____	Hose Bib	_____
_____	Bathtub	_____
_____	Laundry Tub	_____
_____	Rough-In Future Fixture	_____
_____	Sump	_____
_____	Water Piping System	_____
_____	Floor Drain	_____

<input type="checkbox"/> Replacement (one fixture only, no piping or vent changes) <input type="checkbox"/> Addition/Remodel <input type="checkbox"/> New Construction <input type="checkbox"/> Other _____	Office Use Only: Plumbing Permit Fee: \$ _____ Other: \$ _____ Total Plumbing Permit: \$ _____
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