

ADDITIONS

INFORMATION REQUIRED FOR A BUILDING PERMIT TO CONSTRUCT A ROOM ADDITION

1. Signed, completed Building Permit Application.
2. Submit two copies of a current Certificate of Survey, drawn to scale, indicating the lot dimensions, the location and dimensions of existing structure(s) and the location and dimensions of the proposed structure. Indicate the setbacks from property lines and wetlands/buffers (if applicable).
3. Submit two copies of exteriors envelope calculations which comply with the State Energy Code (forms are available from our front service counter). Questions regarding compliance and in completing the form should be directed to an architect, a professional builder or your lumber supplier.
4. Submit two copies of plans showing proposed designs and materials. Plans shall be drawn to scale and shall include the information listed below:

A foundation plan indicating:

- All proposed strip and pad footings, both exterior and interior.
- Footing/foundation, dimensions and construction materials.
- Whether crawl space, slab-on-grade or full basement.
- Size, spacing and direction of floor joists.

A floor plan indicating:

- Proposed layout of new rooms and existing adjacent rooms (label rooms as to use).
- Dimensions of building addition and individual rooms.
- Location and size of window and door openings.
- Size of window and door headers.
- Type and size of any existing support members.
- Skylight size, type and location.

A cross section indicating:

- Footing/foundation design, dimensions and construction materials.
- Exterior wall design, dimensions and construction materials.
- Floor and roof design, dimensions and construction materials.
- Venting methods at soffit and roof.

An elevation plan indicating:

- Front and side views of the proposed addition.
- Approximate height of the addition.
- Location of all doors and windows.
- Size of roof overhangs.
- Roof pitch.
- Location of roof vents.

Attached are examples of drawings which may assist you. They are intended as a guide only.

LAND-US RESTRICTIONS:

Minimum required setback distances from the front, side and rear lot lines may vary according to location. They are set by the Zoning Ordinance and approved plans. Contact the Planning Department for this information.

NOTE: Locating the property corner irons (legal markers) is the responsibility of the property owner; irons must be visible when the footing inspection is requested. Setbacks are measured from the legal property line, wetlands or buffer (if applicable).

CODE REQUIREMENTS:

Your room addition should be designed in accordance with the provisions of the Minnesota State Building Code. If you have questions regarding specific code requirements, please contact the Building Inspection Department at 763-497-2041. Questions regarding design and costs should be referred to a professional builder or architect.

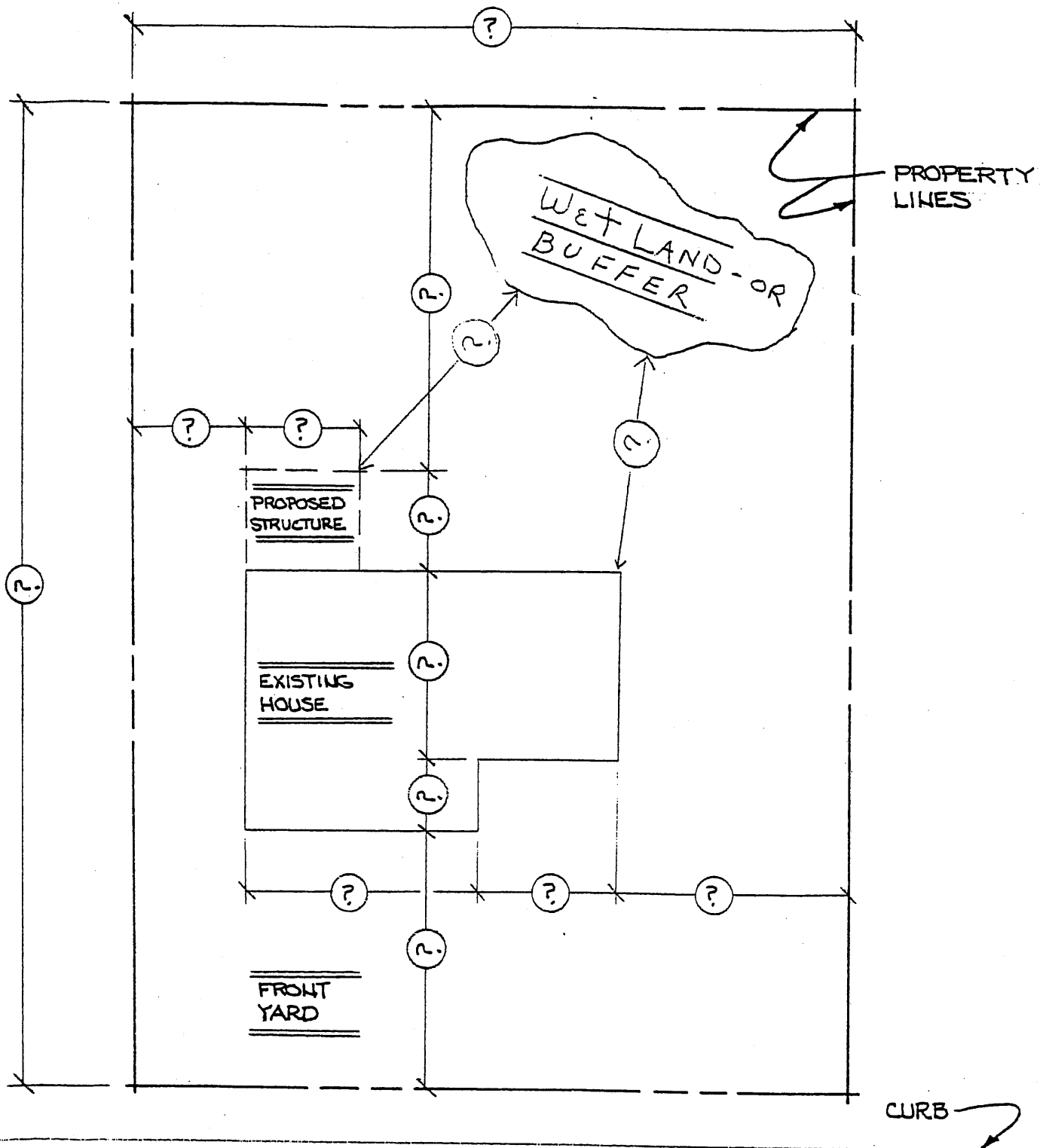
REQUIRED INSPECTIONS:

1. Footings – To be made after the trenches have been excavated and all forms and reinforcing steel have been erected, erosion control devices installed and prior to the placement of concrete.
2. Framing – To be made after the roof, all framing, fire blocking and bracing are in place and all pipes, chimneys and vents are complete and the rough electrical, plumbing and heating wires, pipes and ducts are approved.
3. Insulation – To be made after the framing inspection has been approved and prior to placement of any interior wall covering.
4. Final – To be made after all plumbing, mechanical and electrical systems have been completed and approved and the addition is ready for occupancy.

GENERAL NOTES:

1. Plan review and Building Permit issuance normally require five working days from receipt of a complete application. You will be contacted when the permit is ready to pick up.
2. The City stamped “Approved” plan and survey must be kept on the job site until the final inspection has been made.
3. The inspection record card shall be placed on an outside exterior wall of the addition and shall remain posted until the final inspection has been made. Cards should be protected from the weather.
4. Separate permits are required when installing electrical wiring, plumbing and mechanical systems.
5. Any disturbed ground is required to have erosion control devices installed in order to prevent site erosion or siltation from occurring into City streets, wetland areas, ponds or lakes.
6. Smoke detectors shall be installed throughout the existing structure (in each sleeping room, in the corridor area giving access to each sleeping area and on each level) when the value of improvements exceeds \$1,000.
7. Call (763) 497-2041 during regular business hours to arrange for an inspection.


24 HOUR NOTICE IS REQUIRED FOR ALL INSPECTIONS

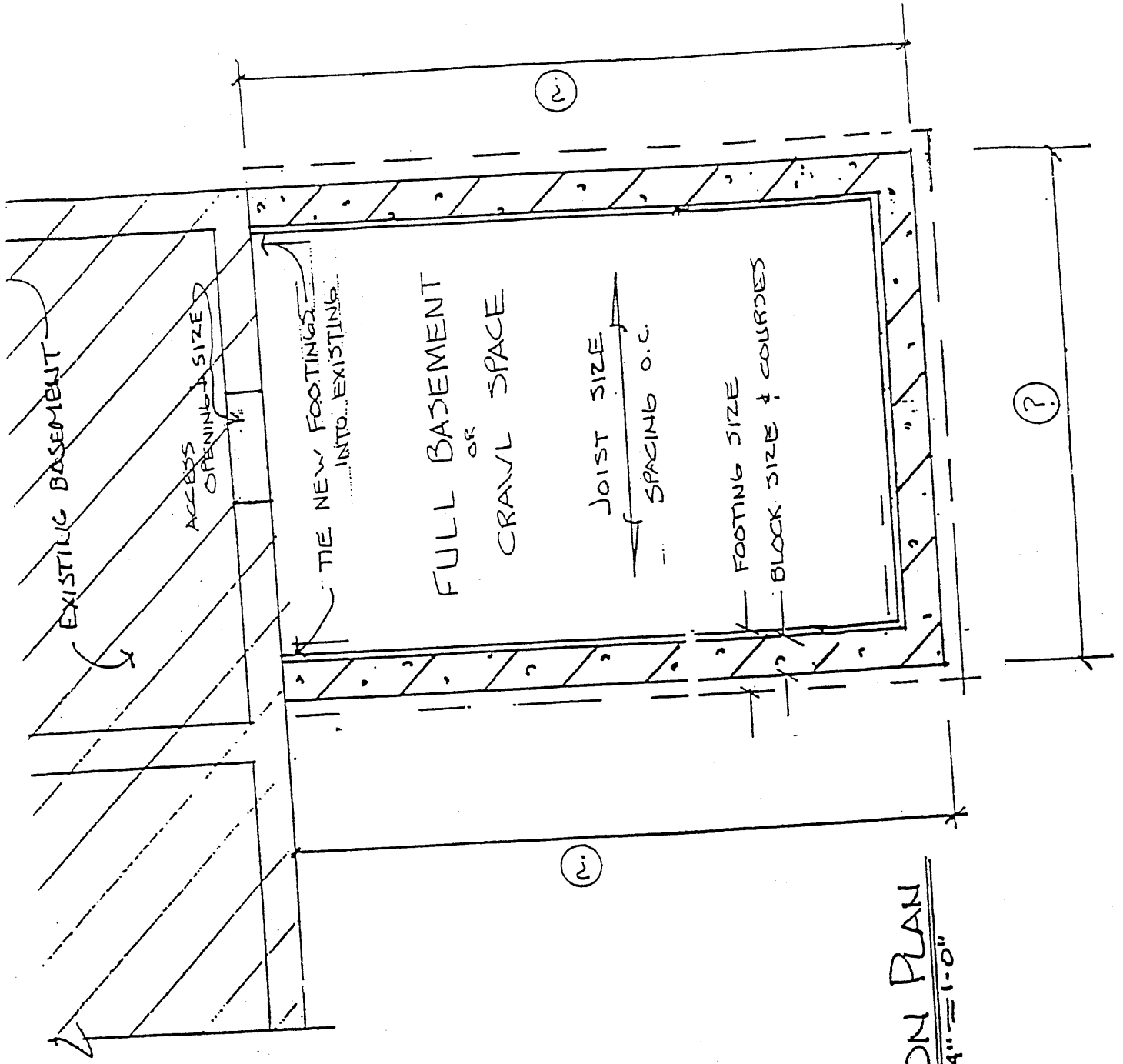


(PROPERTY ADDRESS)

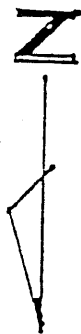
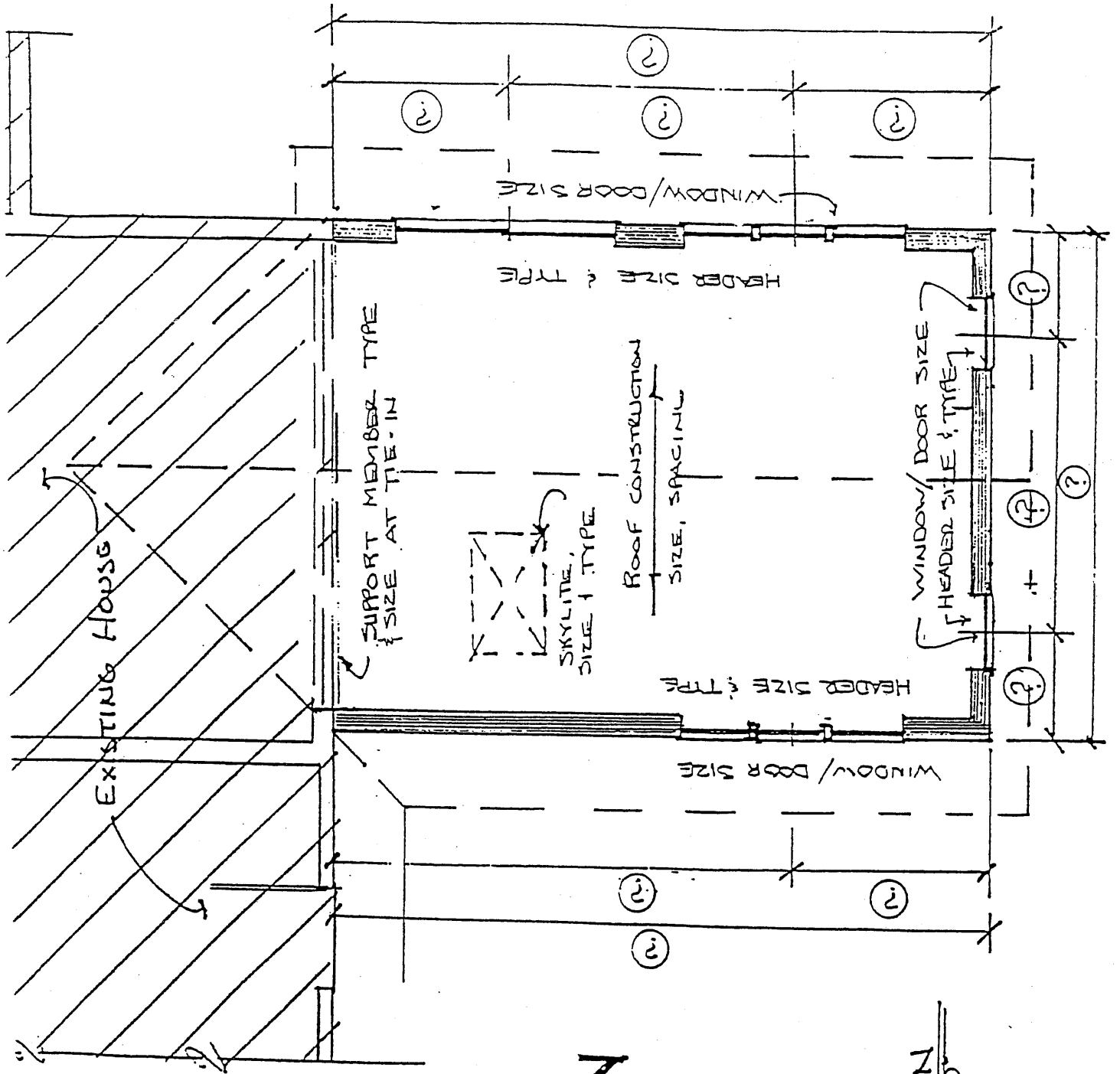
CENTERLINE OF STREET

SITE PLAN (VERIFY SCALE)

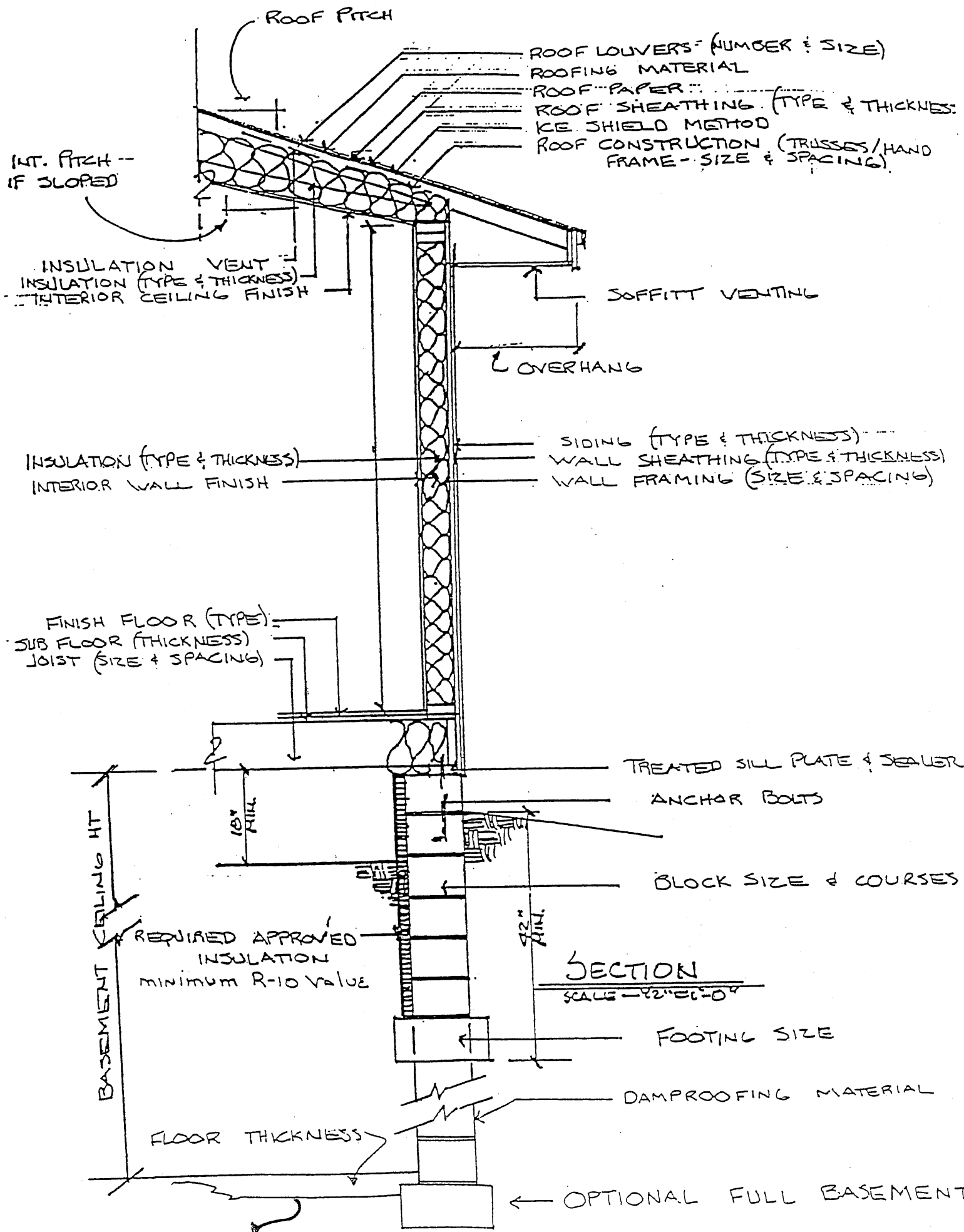
 NORTH (VERIFY DIRECTION)

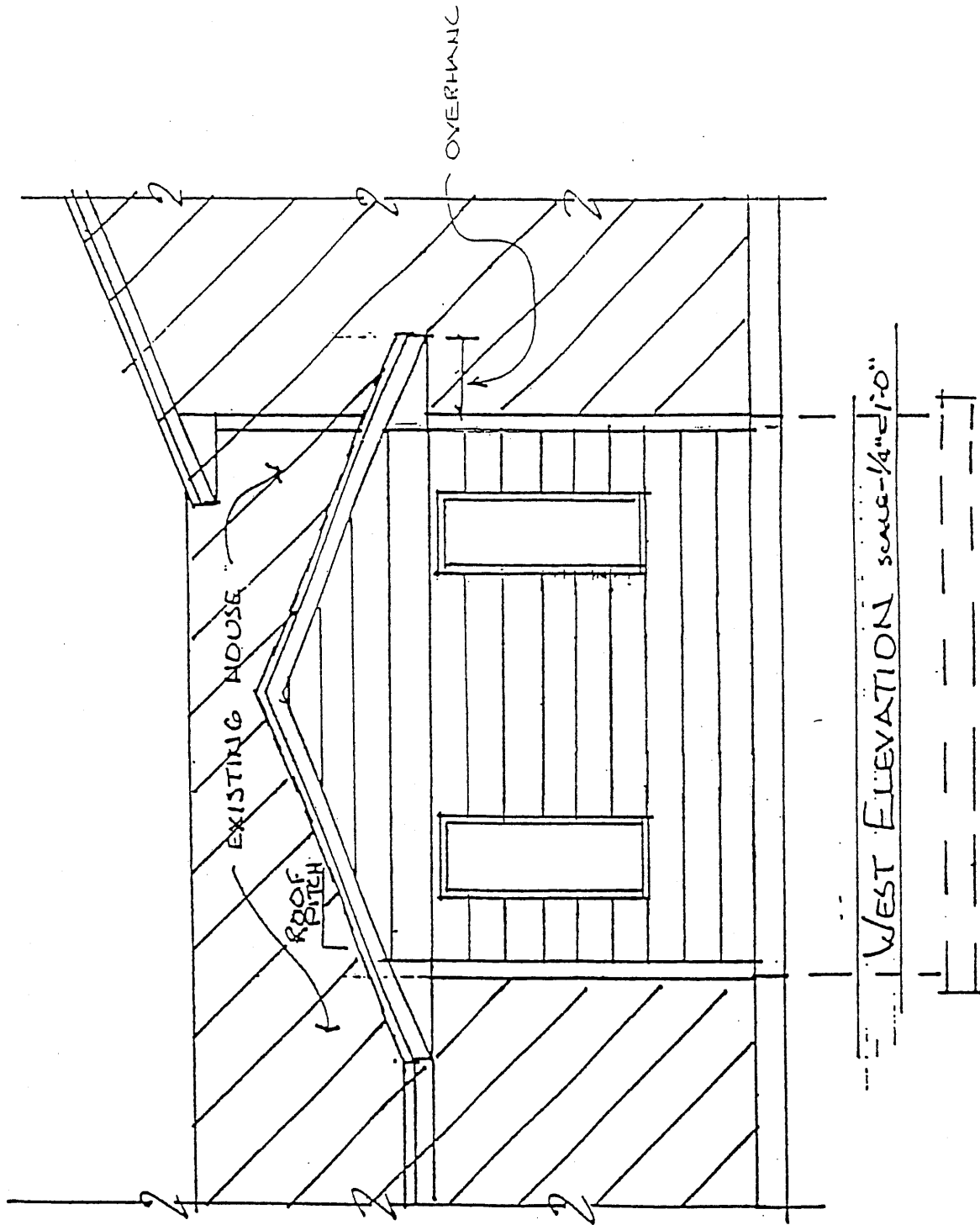


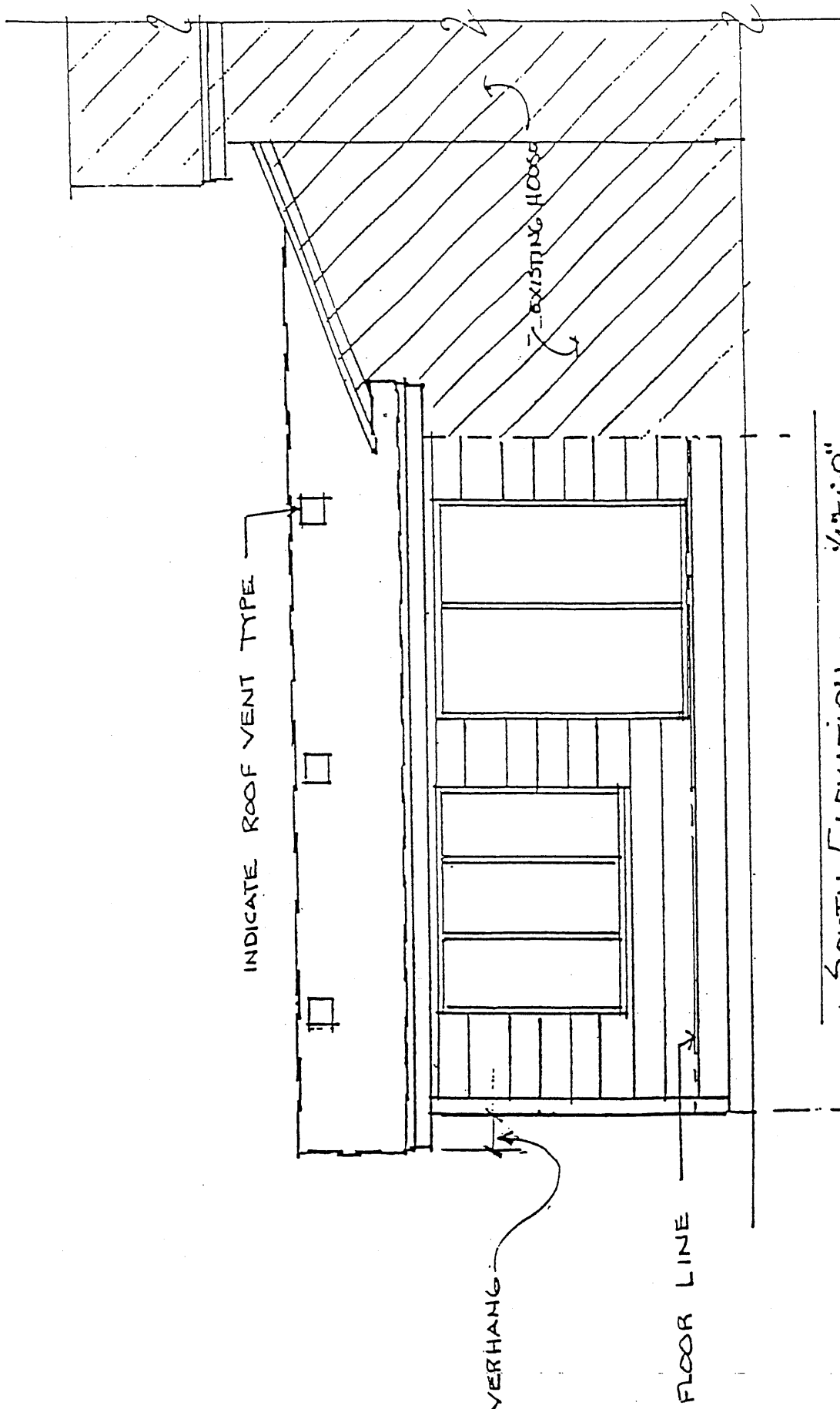
FOUNDATION PLAN
 SCALE — 1/4" = 1'-0"



FLOOR PLAN
 SCALE = 1/4" = 1'-0"







SOUTH ELEVATION SCALE - 1/4" = 1'-0"



11800 Town Center Drive NE, Suite 300
St. Michael, MN 55376
Phone: 763-497-9923
inspections@stmichaelmn.gov

Permit No. _____

Date _____

BUILDING PERMIT APPLICATION

SITE ADDRESS: _____

LEGAL DESCRIPTION: LOT _____ BLOCK _____ ADDITION _____

PROPERTY OWNER NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE _____ ZIP: _____

APPLICANTS EMAIL ADDRESS: _____

CONTRACTOR NAME: _____ PHONE: _____

STATE LICENSE: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PLUMBER NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MECHANICAL NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

GAS NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

FIREPLACE NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TYPE OF WORK

- Checkboxes for: New Construction, Alterations / Remodel, Addition, Finish Basement, Residing, Repair, Porch, Garage, Deck, Reroof, Other: _____

TYPE OF CONSTRUCTION

- Checkboxes for: Single Family, Duplex, Multi-Family

BUILDING INFORMATION

Use of Building: _____ # of Stories: _____

Floor area sq. ft.: _____

Estimated Value of Construction: _____ Description of Work: _____

**SPECIAL CONDITIONS: IT IS MY RESPONSIBILITY TO LOCATE AND ESTABLISH THE ELEVATIONS, IF NEEDED, OF ALL SITE IMPROVEMENTS. REQUIRED ADJUSTMENTS AT MY EXPENSE.

APPLICANT: Please show fixtures that are applicable

<p><u>Mechanical: (if applicable)</u></p> <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;"><u>No.</u></th> <th><u>Fixture Type</u></th> </tr> <tr><td>_____</td><td>A/C</td></tr> <tr><td>_____</td><td>Air to Air Exchanger</td></tr> <tr><td>_____</td><td>Residential Hood</td></tr> <tr><td>_____</td><td>Duct Work</td></tr> <tr><td>_____</td><td>Furnace</td></tr> <tr><td>_____</td><td>Boiler</td></tr> <tr><td>_____</td><td>In Floor Heat</td></tr> <tr><td>_____</td><td>Pool Heater</td></tr> <tr><td>_____</td><td>Solar</td></tr> <tr><td>_____</td><td>Unit Heater</td></tr> <tr><td>_____</td><td>Other _____</td></tr> </table> <p>Valuation: \$ _____</p> <p>Residential - 1 1/2% Total Job Valuation*-min. of \$75</p> <p>Surcharge: .0005 x total Job Valuation</p>	<u>No.</u>	<u>Fixture Type</u>	_____	A/C	_____	Air to Air Exchanger	_____	Residential Hood	_____	Duct Work	_____	Furnace	_____	Boiler	_____	In Floor Heat	_____	Pool Heater	_____	Solar	_____	Unit Heater	_____	Other _____	<p><u>Plumbing: (if applicable)</u></p> <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;"><u>No.</u></th> <th><u>Fixture Type</u></th> </tr> <tr><td>_____</td><td>Bathtub</td></tr> <tr><td>_____</td><td>Clothes Washer</td></tr> <tr><td>_____</td><td>Dishwasher</td></tr> <tr><td>_____</td><td>Floor Drains</td></tr> <tr><td>_____</td><td>Kitchen Sink / Disposal</td></tr> <tr><td>_____</td><td>Lavatory</td></tr> <tr><td>_____</td><td>Lavatory Rough in</td></tr> <tr><td>_____</td><td>Roof Drains</td></tr> <tr><td>_____</td><td>Sewage Pump</td></tr> <tr><td>_____</td><td>Sewer / Water</td></tr> <tr><td>_____</td><td>Shower</td></tr> <tr><td>_____</td><td>Utility Sink</td></tr> <tr><td>_____</td><td>Sump Pump / Radon</td></tr> <tr><td>_____</td><td>Swim Pool</td></tr> <tr><td>_____</td><td>Sprinkler System (PVB)</td></tr> <tr><td>_____</td><td>Water Closet (toilet)</td></tr> <tr><td>_____</td><td>Water Heater</td></tr> <tr><td>_____</td><td>Water Meter</td></tr> <tr><td>_____</td><td>Water Softener</td></tr> <tr><td>_____</td><td>Other _____</td></tr> <tr><td>_____</td><td>Total Openings</td></tr> </table> <p>Residential - \$75 for the 1st opening -\$8 for each additional</p> <p>Surcharge: Residential - \$1.00, Commercial - .0005 x total Job Valuation</p>	<u>No.</u>	<u>Fixture Type</u>	_____	Bathtub	_____	Clothes Washer	_____	Dishwasher	_____	Floor Drains	_____	Kitchen Sink / Disposal	_____	Lavatory	_____	Lavatory Rough in	_____	Roof Drains	_____	Sewage Pump	_____	Sewer / Water	_____	Shower	_____	Utility Sink	_____	Sump Pump / Radon	_____	Swim Pool	_____	Sprinkler System (PVB)	_____	Water Closet (toilet)	_____	Water Heater	_____	Water Meter	_____	Water Softener	_____	Other _____	_____	Total Openings	<p><u>Permit Fees:</u></p> <p>Permit Fee: _____</p> <p>Surcharge Fee: _____</p> <p>Plan Review Fee: _____</p> <p>Water Inspection Fee: _____</p> <p>Sewer Inspection Fee: _____</p> <p>Water Meter Fee: _____</p> <p>Water Fee: _____</p> <p>Sewer Fee: _____</p> <p>Contractors License: _____</p> <p>Erosion Control Escrow: _____</p> <p>Trunk Fee: _____</p> <p>PRV: _____</p> <p>Penalty Fee: _____</p> <p>Mechanical Fee: _____</p> <p>Mechanical Surcharge Fee: _____</p> <p>Gas Fee: _____</p> <p>Gas Surcharge Fee: _____</p> <p>Gas Fireplace Fee: _____</p> <p>Gas Fireplace Surcharge Fee: _____</p> <p>Plumbing Fee: _____</p> <p>Plumbing Surcharge Fee: _____</p> <p>Other Fee: _____</p> <p>Engineering Fee: _____</p> <p>Total Fees: _____</p>
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Applicant Signature: _____ **Date:** _____

Approved by Planning: _____ **Date:** _____

Notes: _____

Approved by Engineering: _____ **Date:** _____

Notes: _____

Approved by Building Official: _____ **Date:** _____