

<div>CITY OF NOWTHEN 8188 199th Ave NW Nowthen, MN 55330 Phone: 763-441-1347</div>		<div>PLEASE CALL MNSPECT (952)442-7520 for inspections</div>		<div>PAGE 1 <input type="checkbox"/> Handout Given <input type="checkbox"/> Lead Handout Given</div>		<div>BUILDING PERMIT Routed to MNSPECT</div>								
TO BE FILLED OUT BY APPLICANT - INCOMPLETE APPS MAY NOT BE PROCESSED	SITE ADDRESS: _____						LEGAL: _____							
	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) 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:								
TYPE OF WORK:		Commercial		Residential		New Construction		Deck		Pool		Re-Roof		
EST. VALUATION OF WORK						Change of Use		Retaining Wall		Porch		Re-Side		
\$						Finish Basement		Demolition				Fence _____ ≤ 7' _____ > 7'		
Square feet:						Remodel		Fire Sprinkler				Shed (≤ 200 sq ft)		
						Addition		Fire Alarm				Window/Door Replacement		
						Garage-Attached/Detach		Plumbing-provide detail on Page 2				# being replaced _____		
Detailed Description of Work:						Accessory Structure		Mechanical-provide detail on Page 2				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 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: _____				
PRINTED NAME: _____										This is the signature of: Owner or Owner's Representative				
OFFICE USE ONLY	OCCUP. TYPE:		CONST. TYPE:		CODE:		BLDG SPRINKLED Yes / No							
	VALUATION: \$													
	Permit Fee: \$													
	Plan Review Fee: \$													
	State Surcharge: \$													
	Site Inspection Fee: \$													
	Investigation Fee / Other Fee: \$													
	Copy Charge (\$.25 per 8.5 x11 page) \$													
	License Check (\$5) / Lead Check (\$5) \$													
	Plumbing Fee (from Page 2) \$													
Mechanical Fee (from Page 2) \$														
SUB-TOTAL \$														
TOTAL DUE: \$														
Special Conditions/Required Setbacks:														
Building Approval By: _____										DATE: _____				
Printed Building Approval By: _____										<input type="checkbox"/> License Verification <input type="checkbox"/> Lead Verification - Checked By: _____				
City Approval By: _____										DATE: _____				
Paid:		Date:		Receipt No.		By:								