



MARSHALL

BUILDING INSPECTION DEPARTMENT
344 WEST MAIN STREET
MARSHALL, MN 56258-1313

PHONE: (507) 537-6773
FAX: (507) 537-6830
E-MAIL: Chris.Devos@ci.marshall.mn.us

APPLICATION FOR PLAN REVIEW / BUILDING PERMIT
& MANUFACTURED HOME INSTALLATION PERMIT

OWNER: Cell / Daytime Contact Phone No.

Mailing Address:

Email Address:

Are you disturbing over 2,000 S.F. of site area? Yes No If you answered YES, application for a Land Disturbance Permit is required.

Is this application for plan review only? Yes No If you answered YES, please provide Architect's information in lieu of contractor's if applicable.

WORK DONE BY: Owner Contractor If the work is done by contractor, complete contractor's information below is required.

CONTRACTOR: Cell / Daytime Contact Phone No.

Mailing Address:

Email Address:

Is your project a single family residence, duplex, triplex or fourplex? Yes No If you answered YES on either line, AND the work is done by a contractor, please provide MN Contractor's License number below:

Is your project a manufactured home installation? Yes No

Minnesota License No.:

Is your project an interior work in a Dwelling built in 1978 or earlier? Yes No If you answered YES, AND the work is done by a contractor, please provide MN Contractor's Lead Certificate number below:

Contractor's Lead Certificate No.:

LOCATION ADDRESS:

APPLICANT: Owner Contractor If the owner is the applicant, a separate "Property Owner Waiver Form" shall be completed for all single family residence, duplex, triplex, and fourplex projects.

DESCRIPTION OF WORK:

or mark below all that applies

Re-roofing Residing Windows Project Doors Project Please provide ALL applicable project/work related information below:

Re-roofing projects: Existing material: New material: Roof area (SF): Pitch: :12

Residing projects: Existing material: New material: Wall area (SF): Partial (Y/N)?

Windows projects: Number of new openings: Number of replacement windows:

Please indicate Y or N below for ALL that pertains to entire project:

Egress bedroom window (Y/N) Window in basement (Y/N) Replacement windows are (check all that applies): Same size as existing Larger size Window near door, tub, or stair - shall have safety glass (Y/N) Bay or picture window (Y/N) Same Type / Style as existing Different Type / Style

Window Manufacturer: Window Model(s):

Door projects: Number of new openings: Number of replacement doors:

Please indicate Y or N below for ALL that pertains to entire project:

Garage to dwelling door - shall be solid or 20 min. rated (Y/N) Patio/deck sliding door (Y/N) Replacement & new doors are (check all that applies): Same size as existing Larger size

Overhead garage door - shall be 90 MPH rated (Y/N) Sidelight next to door (Y/N) Single Double

Are you providing required construction documents: Yes No

VALUATION: (Total valuation of all work including labor and materials even if work is done by owner.)

Per the State Building Code, final valuation will be set by the Building Official

Is plumbing work included in the valuation? Yes No There is no plumbing work

Separate plumbing permit is always required for all plumbing work. I hereby certify that I have read and examined this application and know the same to be true, full, and correct. All provisions of laws, Codes, and ordinances governing this type of work will be complied with whether specified herein or not. Separate applications must be secured for plumbing work, land disturbance, signage, driveway, sanitary and storm sewer, and excavation on public ROW when applicable. All electrical work must be inspected by the State Electrical Inspector. I understand that this is an application only and I will receive my permit when my application and supporting documentation, which may be required, are reviewed and approved.

I further understand that no work shall begin until I receive the Building Permit issued by the Building Official.

Signature of Applicant Name (please print clearly) Date