

Residential Building Permit Application

Job Site Address: _____ Unit # _____ Tenant/Bldg Name _____

Total Project Valuation: \$ _____ The Applicant Is: Owner Contractor
PROJECT VALUATION MUST INCLUDE MATERIALS AND LABOR WHETHER DONE BY CONTRACTOR OR OWNER

Property Owner *Required*

Name _____
 Address _____ Unit # _____
 City _____ State _____ Zip _____
 Phone () _____ Cell Phone () _____

Contractor / Applicant

Name _____
 Address _____ E-Mail Address _____
 City _____ State _____ Zip _____
 Phone () _____ Cell Phone () _____ License # _____

Property Use

- Single Family Residential
- Duplex*
- *(requires separate permit for each unit)*

Type of Work

- | | | |
|--|---|---|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Footing & Foundation | <input type="checkbox"/> Demo Bldg |
| <input type="checkbox"/> Existing Building | <input type="checkbox"/> Reroof # Squares _____ | <input type="checkbox"/> Porch |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Reside # Squares _____ | <input type="checkbox"/> Airport Noise Mitigation |
| <input type="checkbox"/> Remodel/Alt | <input type="checkbox"/> Basement Remodel | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Repair | <input type="checkbox"/> Garage New | |
| <input type="checkbox"/> Deck | <input type="checkbox"/> Garage Addition | |
| <input type="checkbox"/> Windows | <input type="checkbox"/> Garage Demolition | |
| <input type="checkbox"/> Interior Finish | <input type="checkbox"/> House Demolition | |

Is this a residential building constructed before 1978? ____ Yes ____ No
 Will the work disturb more than 6 square feet of paint per room inside, or more than 20 square feet of paint on the exterior of the home or building, or any window replacements? ____ Yes ____ No
 Contractor EPA Lead Certification # _____

Specific Description of Work to be Completed

I hereby apply for a building permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Richfield and with the Minnesota Building Code.

THE UNDERSIGNED AGREES TO NOTIFY THE INSPECTIONS DIVISION WHEN READY FOR INSPECTIONS.

Applicant's Signature	Date
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Building Permit Fees

Building Permit Fee: _____
Additional Insp: _____
Plan Check Fee 35%: _____
Plan Check Fee 65%: _____
State Surcharge: _____
.0005 X valuation \$1,000,000.00 or less
(Call the Inspections Department at 612-861-9860 for state surcharges on all permits valued \$1,000,000.00 or more).
Investigation Fee: _____
SAC Fee: _____
Contractor license verification Fee: 5.00
TOTAL FEES DUE: _____

Conditions of Issuance

(office use only)

Approved by: _____

Date: _____

Airport Noise Area Yes _____ No _____

Miscellaneous Information

Number of Units _____
Number of Buildings _____
Number of SAC Units _____
Property Zoning _____
Occupancy Group _____
Type of Construction _____

Building Information

Number of Stories _____
Total Square Footage _____
Height _____
Length _____
Width _____
Building Code _____
Building Sprinkler System ____ Yes ____ No
Special Stipulations or Conditions ____ Yes ____ No

Required Inspections

- | | |
|--|---|
| <input type="checkbox"/> Sheathing | <input type="checkbox"/> Fireplace Rough-in |
| <input type="checkbox"/> Fire Stopping | <input type="checkbox"/> Temp C/O |
| <input type="checkbox"/> Floor Slab | <input type="checkbox"/> Ice & Water |
| <input type="checkbox"/> Footing | <input type="checkbox"/> Lathe |
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Investigation |
| <input type="checkbox"/> Framing | <input type="checkbox"/> Questions on site |
| <input type="checkbox"/> Insulation | <input type="checkbox"/> No inspection required |
| <input type="checkbox"/> Sheetrock | <input type="checkbox"/> Final |
| <input type="checkbox"/> Site | |
| <input type="checkbox"/> Routine | |



City of Richfield
6700 Portland Avenue South
Richfield, MN 55423
(612) 861-9860 Revised 12/1/15