

City of Willernie

Building Permit Application

111 Wildwood Road, Willernie, MN 55090
Mailing address: P.O. Box 487, Willernie, MN 55090
Phone: 651-429-2977 Fax: 651-429-2283
Email: vkeating1@comcast.net

Permit # _____
Date Rec _____
Final approved Date: _____

Building Permit Application

PRINT OR TYPE APPLICATION

Site Information

Address _____

Is a variance required? Yes No If yes, provide Planning Department information _____

Work Description

Proposed starting date _____ Completion date _____

1 New 2 Addition 3 Alteration/remodel 3 Repair/replace

New Home Residential Garage Residential Addition Residential Porch
 Residential Deck Residential Shed Reroof Interior Remodel
 Windows Other

Additional Description _____

Removal of Trees and/or Vegetation: YES NO

Is there potential for damage to City property (e.g. street, curb, grass): YES NO Explain: _____

Valuation

Applicant: Owner Contractor

Contractor Information

Company name _____ MN Contractors License # _____

Address _____ City _____ State _____ Zip _____

Contact person name _____

Phone _____ Cell _____ Email _____

Owner Information

Name _____

Address _____

City _____ State _____

Zip _____

Phone _____ Cell _____ Email _____

Notice:

*The City and its representatives accept no responsibility for errors and/or damages caused due to incomplete and/or inaccurate information herein. It is the responsibility of the applicant to ensure the accuracy and completeness of this information. *The City will hold applicant responsible for any damage to public property that occurs in the course of performing the activities of this permit.

*Any changes to this application will make the permit voidable unless amendments are approved by the City with prior consent. The applicant will provide (separate documents, surveys, and calculations) to the City with the building height, roof plane, grade plane, change in elevation, and impervious surface.

*The applicant shall comply with all provisions of the State Building, Plumbing, Mechanical, Electrical, and Fire Codes, as well as all City Ordinances governing zoning and buildings. The State of Minnesota regulates all electrical work. The continued validity of this permit is contingent upon the applicant's compliance of all work done and materials used, with the plans and specifications herewith submitted, and with the applicable ordinances of the City.

*Under penalty of perjury the applicant declares that the information provided in and enclosed herewith is complete and all documents represented are true and correct representations of the actual project/building which will be built in conformance with such representation. Signature of Applicant: _____ Date: _____

Applicant's printed or typed name _____

Owner/Applicant Statement - To be completed only when the homeowner is the permit applicant

I understand the State of Minnesota requires residential contractors, residential remodelers and residential roofers be licensed to work in the State unless they qualify for a specific exemption from the licensing requirements. By signing this statement, I certify that I am building or improving this dwelling myself. I claim to be exempt from state licensing requirements because I am not in the business of building on speculation or for resale. I certify I have not built or improved any other residential structures in the State within the past twelve months. I also acknowledge that, because I do not have a state license, I forfeit any mechanic's lien rights to which I may otherwise have been entitled under MS 514.01.

I further acknowledge I may be hiring independent contractors to perform certain aspects of the improvements on this dwelling, and I understand some of these contractors may be required to be licensed by the State. I understand unlicensed residential contracting, residential remodeling and residential roofing activity is a misdemeanor under Minnesota law, and I forfeit my rights to reimbursement from the Contractors Recovery Fund in the event any contractors I hire are unlicensed.

Homeowner's signature _____ Date _____

Homeowner's typed or printed name _____

Contact the Minnesota Department of Commerce, Enforcement Division to determine if a contractor is licensed or exempt or to check on contractor status. Metro: (651) 296-2594, Outstate: 1 (800) 657-3602, www.commerce.state.mn.us/mainbc.htm

Approvals

for office use only

Washington County	Req _____	Received _____
Rice Creek Watershed	Req _____	Received _____
Dept Natural Resource	Req _____	Received _____
City Engineer	Req _____	Received _____
City Council	Req _____	Received _____

Comments _____

for office use only

FEES:

Permit fee:	\$ _____
State Surcharge fee:	\$ _____
Bldg Review fee \$ _____	Approved Date _____
Planner review fee \$ _____	Approved Date _____
Eng review fee \$ _____	Approved Date _____
Permit Escrow fee <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
SAC fee <input type="checkbox"/> Yes <input type="checkbox"/> No _____ # of units	\$ _____
TOTAL DUE	\$ _____

24-hour notice required on all inspections

Jack Kramer – Building Official

Office phone: 651-351-5051

CITY OF WILLERNIE
Building Permit Applications
 111 Wildwood Road, Willernie, MN 55090
 Phone: 651-429-2977 Fax: 651-429-2283
 Email: vkeating1@comcast.net

PERMIT NUMBER

 for office use only

Mechanical Permit Application

PRINT OR TYPE APPLICATION

Site Information			
Address _____			
Work Description			
Proposed starting date _____		Completion date _____	
<input type="checkbox"/> 1 New	<input type="checkbox"/> 2 Addition	<input type="checkbox"/> 3 Alteration/remodel	<input type="checkbox"/> 3 Repair/replace
<input type="checkbox"/> Residential	<input type="checkbox"/> Multi-family residential	<input type="checkbox"/> City Owned	<input type="checkbox"/> Other Non-residential Bldg
<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Class B Chimney	<input type="checkbox"/> Gas Piping	<input type="checkbox"/> Wall Heaters
<input type="checkbox"/> Air Handling Units	<input type="checkbox"/> Ductwork	<input type="checkbox"/> Water Heater	<input type="checkbox"/> Furnace
<input type="checkbox"/> Boilers	<input type="checkbox"/> Wood Fireplace/ Stove	<input type="checkbox"/> Res. Range hoods	<input type="checkbox"/> Clothes Dryer venting
<input type="checkbox"/> Class A Chimney	<input type="checkbox"/> Gas Fireplace/Stove	<input type="checkbox"/> Unit Heater	
Additional description _____			

Valuation					Applicant is			
					<input type="checkbox"/> Contractor <input type="checkbox"/> Owner			
Type of Equipment	Manufacturer	Model #	Fuel	Flue Dia	Input/BTUS	CFM	Tons	

Contractor Information	
Company Name _____	MN Contractors License # _____
Address _____	City _____ State _____ Zip _____
Contact Person Name _____	
Phone _____	Cell _____ Email _____ Fax _____

Homeowner Information	
Name _____	
Address _____	
City _____	State _____
Zip _____	
Phone _____	Cell _____ Email _____ Fax _____

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*The City will hold applicant responsible for any damage to public property that occurs in the course of performing the activities of this permit.

*Any changes to this application will make the permit voidable unless amendments are approved by the City with prior consent.

*The applicant shall comply with all provisions of the State Building, Plumbing, Mechanical, Electrical, and Fire Codes, as well as all City Ordinances governing zoning and buildings. The State of Minnesota regulates all electrical work. The continued validity of this permit is contingent upon the applicant's compliance of all work done and materials used, with the plans and specifications herewith submitted, and with the applicable ordinances of the City.

*Under penalty of perjury the applicant declares that the information provided in and enclosed herewith is complete and all documents represented are true and correct representations of the actual work to be performed which will be completed in conformance with such representation.

Signature of Applicant: _____ Date: _____
Printed or typed signature _____

Owner/Applicant Statement - To be completed only when the homeowner is the permit applicant

I certify I occupy and own the dwelling and/or own the accessory structure for which this permit application is being submitted. I further certify I will continue to reside at this dwelling after all plumbing, heating, ventilating and/or air conditioning work I install has been completed. I certify that I or my immediate family will install all plumbing, heating, ventilating and/or air conditioning work in accordance with all local and state regulations, and that the installer is knowledgeable with the applicable codes.

Homeowner's signature _____ Date _____

Homeowner's typed or printed name _____

Office use only

Approved by	Date	ORSAT test required:	City Fee	\$
		<input type="checkbox"/> Yes	State Surcharge	\$
		<input type="checkbox"/> No	HVAC Permit Fee	\$

24-hour notice required on all inspections

John Manship
651-426-1827

City of Willernie

111 Wildwood Road
P.O Box 487

Willernie, MN 55090

Phone: 651-429-2977 Fax: 651-429-2283

Email: vkeating1@comcast.net

Plumbing Permit Application

PERMIT #:	_____
Date Received:	_____
Date Approved:	_____

PRINT OR TYPE APPLICATION

Site Information

Address _____ Suite/Unit number _____

Work Description

Proposed starting date _____ Completion date _____

- 1 New 2 Addition 3 Alteration/Remodel 4 Repair/Replace

Number of each item listed below (for 1,2,3)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> *Irrigation System/backflow
(Include test report) | <input type="checkbox"/> Drinking Fountain | <input type="checkbox"/> Shower | <input type="checkbox"/> Slop Sink |
| <input type="checkbox"/> Jacuzzi | <input type="checkbox"/> Toilet | <input type="checkbox"/> Lavatory Sink | <input type="checkbox"/> Dishwasher |
| <input type="checkbox"/> Bath Tub | <input type="checkbox"/> Floor Drain | <input type="checkbox"/> Urinal | <input type="checkbox"/> Utility Sink |
| <input type="checkbox"/> Laundry Tub | <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Water Softener | <input type="checkbox"/> Water Heater Size |
| | <input type="checkbox"/> Roof Drain | <input type="checkbox"/> Other | |

Additional description _____

Valuation

Applicant is

- Owner Contractor Designer

Contractor Information

Company Name _____ MN Contractors License # _____

Address _____ City _____ State _____ Zip _____

Contact Person Name _____

Phone _____ Cell _____ E-mail _____

Home Owner Information

Name _____

Address _____

City _____ State _____

Zip _____

Phone _____ Cell _____ Pgr _____ Fax _____

***Must be tested annually by a certified licensed tester and
report must be sent into the City of Willernie for irrigation backflow preventor systems**

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*Under penalty of perjury the applicant declares that the information provided in and enclosed herewith is complete and all documents represented are true and correct representations of the actual work to be performed which will be completed in conformance with such representation.

Signature of Applicant: _____ Date: _____

Owner/Applicant Statement - To be completed only when the homeowner is the permit applicant

I certify I occupy and own the dwelling and/or own the accessory structure for which this permit application is being submitted. I further certify I will continue to reside at this dwelling after all plumbing, heating, ventilating and/or air conditioning work I install has been completed. I certify that I or my immediate family will install all plumbing, heating, ventilating and/or air conditioning work in accordance with all local and state regulations, and that the installer is knowledgeable with the applicable codes.

Homeowner's signature _____ Date _____

Homeowner's typed or printed name _____

24-hour notice required on all inspections

John Manship – Building Official

Office phone: 651-426-1827

OFFICE USE ONLY			
Approve By:	Date:	City Fee	\$ _____
		State Surcharge	\$ _____
		TOTAL	\$ _____

CITY OF WILLERNIE

Survey Requirements for New Homes, Additions, Garages Zoning and Conditional Use Permits

Please include this sheet with Permit

1. Property lines showing monument locations. Registered surveyor must prepare survey.
2. Scale of drawing. Minimum scale 1' - 50'. Maximum sheet drawing size 24" x 36". Include bar scale.
3. Full legal description
4. Dimensions of lot including square footage and north arrow
5. Dimensions of front, rear and side yards, proposed and existing
6. Locations and dimensions of all existing buildings/structures on the lot.
7. Location and dimensions of proposed building/addition/structure, including cantilevers beyond the foundation.
8. Side yard and setback dimensions of buildings/structures on adjacent lots.
9. Location of all easements as shown on record plats.
10. Tree survey & Tree Protection Plan required
11.1 Each lot corner (existing and proposed).
11.2. Grade at the foundation and top of foundation of structures on adjacent lots.
11.3. Grade at the foundation, top of foundation, main floor and garage floor of proposed new construction.
11.4. Lowest point of entry (i.e. doorsill or top of window well) of proposed and existing construction.
11.5. Lowest floor of proposed and existing construction.
11.6. Top of wall and bottom of wall elevations at regular intervals for all retaining walls.
12. Placement and method of erosion control, including construction entrance location.
13. Arrows indicating direction of existing and proposed grades. Drainage patterns (pre and post construction)
14. Impervious surface calculations and proposed mitigations, if needed
15. Spot elevations
16. Average exposure height calculations
17. One foot contours indicating existing and proposed grades
18. Lot coverage calculations.
19. Record of revisions, with revision date, number and description
20. Signature, date and certification of surveyor.

CITY OF WILLERNIE

Information required with application for Additions/Garages/Accessory Structures

Instructions: Please fill out completely before submitting your plans. If you have any questions before or during the review process please contact the city. **To be submitted with permit application:**

SITE ADDRESS: _____

Check if submitted	Items Required to be Submitted for Plan Review
	Plans and specs: including: <ol style="list-style-type: none"> a. Floor plans, plans must be to bar scale, dimensioned, and not smaller than ¼=1" b. Typical section. Multiple section plans may be required to illustrate structural detail. c. Connection details including size, spacing and orientation of framing members, columns, beams and headers d. Footing Size and locations
	Site Survey with proposed building placed on it
	Evidence of: (if applicable) <ol style="list-style-type: none"> a. Washington County b. Rice Creek Watershed c. Department Natural Resource d. City Council
	Tree locations and protection
	Soils investigation report and shoring plan
	Existing condition of property
	Evidence of variance approval (if applicable)
	Proof of contractor licensure or state licensing exemption
	Proof of contractor lead certification when working on pre-1973 structures
	Contractors Certificate of Insurance which must include: Property damage: \$1,000,000.00 each occurrence:
	Storm water and grading management plans
	Contractors signage posted at least 5 days prior construction
	Cash Escrow of \$3,000.00

Plans will be reviewed and approved by the City Council and City's Building Inspector and/or persons or entities required by the City's Building Inspector. Review time will vary depending upon if the application packet and submittals are accurate and complete. Submitting incomplete plans and documents will cause delays to the review process.

I acknowledge that the items checked on the list above are included with the submitted plans.

Contact Person: _____ Contractor: _____

Phone #: _____ E-mail: _____

Signature: _____ Dated _____

CITY OF WILLERNIE

Information required with application for Decks:

Instructions: Please fill out completely before submitting your plans. If you have any questions before or during the review process please contact the city. To be submitted with permit application:

SITE ADDRESS:

Check if submitted	Items Required to be submitted for Plan Approval
	Plans and specs: including: <ol style="list-style-type: none"> a. Floor plans, plans must be to scale, dimensioned and not smaller than 1/4"=1" with bar scale b. Typical section. Multiple section plans may be required to illustrate structural c. Structure details including size, spacing and orientation of framing members, columns, beams and headers and connection details d. Footing Size and locations e. Grading and storm water management
	Copy of site survey with deck placed on it
	Tree locations and protection
	Evidence of variance approval (if applicable)
	Proof of contractor licensure or State licensing exemption
	Contractors Certificate of Insurance which must include: Property damage: \$1,000,000.00 each occurrence:

Plans will be reviewed and approved by the City's Building Inspector and/or persons or entities required by the City's Building Inspector. Review time will vary depending upon if the application packet and submittals are accurate and complete. Submitting incomplete plans and documents will cause delays to the review process.

I acknowledge that the items checked on the list above are included with the submitted plans.

Contact Person:

Contractor:

Phone #:

E-mail:

Signature:

Dated

CITY OF WILLERNIE

Information required with application for Demolition

Instructions: Please fill out completely before submitting your plans. If you have any questions before or during the review process please contact the city. **To be submitted with permit application:**

SITE ADDRESS: _____

Check if submitted	Items required to be submitted for Plan Approval
	Existing conditions survey. Survey to include: a) Grade elevations at each lot corner b) Grade elevations at four corners (NW, NE, SW, SE) of the existing foundation c) Elevation at top or entry floor d) Show topography
	Sewer and Water disconnect permit number # _____
	Certify no wells are on site
	Erosion control plan, both written and drawn
	Signature _____ verification Electrical service is disconnected Signature _____ verification Natural Gas Service is disconnected
	Copy of the Neighborhood Meeting Notification Letter
	List of all properties within 300" of the perimeter of your site that were sent notifications letters
	Verification from licensed abatement contractor that hazardous materials removal has been completed OR copy of the asbestos survey indication no removal of materials required per MDB Regulations
	Site safety plan/written explanation indicating 4' safety fencing will be installed to enclose existing basement perimeter and excavations with steep slopes immediately following demolition. *If no new construction permit has been applied for at the same address, a written statement detailing that the site will be filled to grade and turf will be established on all exposed soils immediately following the house demolition is required
	Site signage needs to be posted on site (posting is required 5 days before demolition with house numbers at least 4" tall in contrasting color, reflective is possible, and a minimum of 48" above grade and clearly visible from the street for emergency response purposes
	Submit a Tree Protection Plan and install tree protection fencing on site
	Provide a shoring plan signed by a MN registered engineer if a forty five degree slope cannot be maintained from the bottom of excavation to property line
	Verify through MDH that no unsealed wells are present on site
	Dust Control Plan – submit written explanation on how dust control is being used
	Installation of storm drain inlet(s), perimeter erosion control, signage, tree fencing, and construction access is complete

Plans will be reviewed and approved by the City Council and City's Building Inspector and/or persons or entities required by the City's Building Inspector. Review time will vary depending upon if the application packet and submittals are accurate and complete. Submitting incomplete plans and documents will cause delays to the review process. I acknowledge that the items checked on the list above are included with the submitted plans.

Contact Person: _____ Contractor: _____

Phone #: _____ E-mail: _____

Signature: _____ Dated _____

CITY OF WILLERNIE

Information required with application for Interior Remodel

Instructions: Please fill out completely before submitting your plans. If you have any questions before or during the review process please contact the city. **To be submitted with permit application:**

SITE ADDRESS: _____

Check if submitted	Items Required to be Submitted for Plan Approval
	Plans and specs: including: <ul style="list-style-type: none">a. Floor plans, plans must be to scale, dimensioned and not smaller than ¼=1"b. Typical section. Multiple section plans may be required to illustrate structural detail.c. Structure details including size, spacing and orientation of framing members, columns, beams and headersd. Smoke and carbon monoxide detector locations
	Proof of contractor lead certification when working on pre-1978 structure
	Proof of contractor licensure or State licensing exemption
	Contractors Certificate of Insurance which must include: Property damage: \$1,000,000.00 each occurrence

Plans will be reviewed and approved by the City's Building Inspector and/or persons or entities required by the City's Building Inspector. Review time will vary depending upon if the application packet and if submittals are accurate and complete. Submitting incomplete plans and documents will cause delays to the review process. I acknowledge that the items checked on the list above are included with the submitted plans.

Contact Person: _____ Contractor: _____

Phone #: _____ E-mail: _____

Signature: _____ Dated _____

CITY OF WILLERNIE
FOR ZONING/CONDITIONAL USE PERMITS

Information required with application for Land Disturbance Activity

Instructions: Please fill out completely before submitting your plans. If you have any questions before or during the review process please contact the city. To be submitted with permit application:

SITE ADDRESS: _____

Check if submitted	Items required to be submitted for Plan Approval
	Existing conditions survey. Survey to include: a) Erosion Control b) Storm Water runoff
	Existing Site/Survey plan showing the existing site and immediately adjacent areas
	Existing and proposed topography with a contour interval appropriate to the topography of the land but in no case having a contour interval greater than two (2) feet. Include designation of areas that have the potential for serious erosion problems, e.g. slop of greater than twelve (2) percent
	A delineation of all streams, Public waters, and wetlands located on and immediately adjacent to the site and any classification given to the water bodies and the Minnesota Department of Natural Resources, The Minnesota Pollution Control Agency and /or the U.S. Army Corps of Engineers
	Location and dimensions of existing storm water drainage systems and natural drainage patterns and immediately adjacent to the site with delineation of the direction rate at which storm water in conveyed from the site and identification of the receiving streams, public waters, wetland, and/or onsite locations
	A description of the soils of the site, including a map indication soil types of the areas to be disturbed
	Site Survey showing existing trees, pavement, structure, etc. within 50'
	Dust Control Plan
	Location of existing vegetative cover
	Locations of highest know water levels of adjoining lakes, ponds and wetlands
	Location and size of existing structures
	Impervious surface calculations and proposed mitigations, if needed Average exposure height calculations Spot elevations Drainage patterns (pre and post construction)

Plans will be reviewed and approved by the City's Building Inspector and/or persons or entities required by the City's Building Inspector. Review time will vary depending upon if the application packet and submittals are accurate and complete. Submitting incomplete plans and documents will cause delays to the review process. I acknowledge that the items checked on the list above are included with the submitted plans.

Contact Person: _____ Contractor: _____

Phone #: _____ E-mail: _____

Signature: _____ Dated: _____

CITY OF WILLERNIE

PROCEDURE FOR OBTAINING A CONDITIONAL USE PERMIT: Any person applying for a Conditional Use Permit shall fill out and submit the permit and completed information below to the City Clerk at least fourteen (14) days prior to the City Council meeting. .

Instructions: Please fill out completely before submitting your plans. If you have any questions before or during the review process, please contact the city. To be submitted with permit application.

Information required with application for Solar Energy Systems

<u>Check if submitted</u>	Items required to be submitted for Plan Approval
	Use for which system is being installed
	Description of system including type, capacity, and physical size
	Survey/site plan including locations of Solar Energy System, collector, and other structures
	Engineering calculations to show system is adequate to heat dwelling if solar energy system is to serve as primary heating system. <ul style="list-style-type: none"> a. Evidence system is maintainable. b. Capacity evidence of backup system
	Reasonable care must be taken so as not to restrict the solar radiation falling on adjacent parcels of land.

Plans will be reviewed and approved by the City's Building Inspector and/or persons or entities required by the City's Building Inspector. Review time will vary depending upon if the application packet and submittals are accurate and complete. Submitting incomplete plans and documents will cause delays to the review process. I acknowledge that the items checked on the list above are included with the submitted plans.

Contact Person: _____

Phone #: _____ E-mail: _____

Signature: _____

CITY OF WILLERNIE

Information required with application for New Single Family Home

Instructions: Please fill out completely before submitting your plans. If you have any questions before or during the review process please contact the city. **To be submitted with permit application:**

SITE ADDRESS: _____

Check if submitted	Items required to be submitted for Plan Approval
	Complete to scale plans and spec. including: <ul style="list-style-type: none"> a) Floor plans, plans must be to scale, dimensioned and not smaller than ¼"=1'.0" b) Typical wall section. Multiple typical wall section plans may be required to illustrate structural details c) Structural details, including size, spacing and orientation of framing members, columns, beams and headers d) Smoke and carbon monoxide alarm locations
	Complete Ventilation, Makeup and Combustion Air calculations form for new dwellings
	Complete Energy Code compliance Certificate
	Complete a post-landscaping plan
	Include exterior elevations showing structure height and calculations
	A site survey (see survey requirements)
	Storm water Management Plan and Erosion Control Plan, prepared and signed by a licensed professional engineer
	Evidence of all watershed's permit application (when applicable) Washington County Rice Creek Watershed Dept Natural Resource City Council
	Tree Location and protection plan on survey
	If driveway will be relocated or reconstructed, a permit may be required
	If retaining wall greater than 4 feet is proposed, submit drawings, cross-section and calculations prepared and signed by a licensed professional engineer
	Evidence of plat approval from Planning/Zoning Department required for newly plated lots. (if applicable)
	Evidence of variance approval from Planning/Zoning Department (if applicable)
	Proof of 1) Contractor licensure or State licensing exemption 2) Contractors Certificate of Insurance which must include: Property damage: \$1,000,000.00 each occurrence
	Acknowledge that temporary address numbers will be contrasting in color so they can be seen from the street & that all approved plans and the permit card must be on site at time of inspection.

Plans will be reviewed and approved by the City Council and City's Building Inspector and/or persons or entities required by the City's Building Inspector. Review time will vary depending upon if the application packet and submittals are accurate and complete. Submitting incomplete plans and documents will cause delays to the review process. I acknowledge that the items checked on the list above are included with the submitted plans.

Contact Person: _____ Contractor: _____

Phone #: _____ E-mail: _____

Signature: _____ Dated _____

City of Willernie

111 Wildwood Road

Willernie, MN 55090

Phone: 651-429-2977 Fax: 651-429-2283

Email: vkeating1@comcast.net

PERMIT NUMBER for office use only

Sewer and Water Permit Application

PRINT OR TYPE APPLICATION

Site Information

Address _____ Suite/Unit number _____

Sewer and Water Information

Work Description

Proposed starting date _____ Completion date _____

- Residential New Sewer and Water Lines Residential New Sewer line Residential New Water line
 Residential Repair/Replace Sewer/Water Disconnect Sewer Disconnect Water Disconnect

- Water Tap Non Res. New water Line Sewer Tap Non Res New Water Line
 New Water Line Non Res Rep/repl Water Line New Sewer Line Non Res rep/repl
 Repair Water Line Hydro and Cond Test Rep/repl Sewer Line Storm Sewer

Additional description _____

Sewer Line Size _____ Sewer Line Length _____ Water Line Size _____ Water Line Length _____

New location of sewer/water lines on survey/site plan

Valuation

Applicant is

- Owner Contractor Designer

Contractor Information

Company Name _____ MN Contractors License # _____

Address _____ City _____ State _____ Zip _____

Contact Person Name _____

Phone _____ Cell _____ Pgr _____ Fax _____

HomeOwner Information

Name _____

Address _____

City _____ State _____

Zip _____

Phone _____ Cell _____ Pgr _____ Fax _____

Notice:

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Signature of Applicant: _____ Date: _____

OFFICE USE ONLY			
Approved By: _____	Date: _____	City Fee	\$ _____
		State Surcharge	\$ _____
		Permit Escrow Fee	\$ _____
		TOTAL	\$ _____

**For Inspections and/or information please call
John Manship
651-426-1827**

City of Willernie
ESCROW REFUND REQUEST

111 Wildwood Road, Willernie, MN 55090

Phone: 651-429-2977 Fax: 651-429-7747

Email: vkeating1@comcast.net

Instructions: Please fill out this form to request a building permit escrow release. Fill out one form for each address being requested.

Date Received _____
Date Approved _____

ESCROW REFUND REQUEST

PRINT OR TYPE APPLICATION

PERMIT # _____ **FINAL DATE:** _____ **ESCROW AMOUNT** _____

PROJECT SITE STREET ADDRESS: _____

PROJECT JOB ESCROW WAS FOR: _____

NEW HOMES ONLY

AS BUILT SUBMITTED TO CITY Yes No

*FINAL CERTIFICATE OF OCCUPANCY WILL NOT BE ISSUED
UNTIL ALL REQUIRED SIGNATURES HAVE SIGNED OFF AND
ALL FEES HAVE BEEN PAID

PERMIT HOLDER REQUESTING REFUND: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

CONTACT PERSON: _____

SIGNATURE OF APPLICANT: _____

CONTACT EMAIL: _____ **CONTACT PHONE:** _____

OFFICE USE:

ADDITIONAL INFORMATION/APPROVALS

ENGINEERING DEPT Yes No COMMENTS: _____

Signature _____ Date Approved _____

PLANNING DEPT Yes No COMMENTS _____

Signature _____ Date Approved _____

BUILDING DEPT : Yes No COMMENTS _____

Signature _____ Date Approved _____

REIMBURSEMENT AMOUNT PAID _____ CHECK # _____