

CITY OF GREEN ISLE
PO Box 275 - 310 McGrann South
 Green Isle, MN 55338
 Phone (507) 326-3901 Fax (507) 326-3192
BUILDING PERMIT

Building Inspector: 101 Development
Phone 320-226-5189

BUILDING PERMIT
B _____
 Routed to 101 Development

DATE _____

SITE ADDRESS _____ **PID** _____

OWNER Name / Address / City / State / Zip _____ Daytime Telephone _____

BUILDER Name / Address / City / State / Zip _____ Contractors License No. _____

CONTACT NAME - PHONE - EMAIL - FAX

ARCHITECT Name / Address / City / State / Zip _____ Daytime Telephone _____

TYPE OF WORK <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	<input type="checkbox"/> New Construction	<input type="checkbox"/> Deck	<input type="checkbox"/> Re-Roof
	<input type="checkbox"/> Addition	<input type="checkbox"/> Fence Height: _____	<input type="checkbox"/> Re-Side
EST. VALUATION OF WORK \$ _____ <i>square feet:</i> _____	<input type="checkbox"/> Remodel	<input type="checkbox"/> Pool	<input type="checkbox"/> Ret. Wall Height: _____
	<input type="checkbox"/> Finish Basement	<input type="checkbox"/> Stucco / Stucco Demo	<input type="checkbox"/> Window Replacement
	<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Garage / Shed	<input type="checkbox"/> Other: _____

Detailed Description of Work to be Performed:

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required and authorizes the City Zoning Administrator or designee and the City 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 City 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: _____

Signature of (please check one) : Owner Building Contractor, Architect, Other _____

----- **OFFICE USE ONLY BELOW THIS LINE** -----

OCCUP. TYPE: _____ CONST. TYPE: _____ CODE: _____ BLDG SPRINKLED Yes / No

VALUATION OF PERMIT: \$ _____

Permit Fee: \$ _____ Plan Review Fee: \$ _____ State Surcharge: \$ _____ Site Inspection Fee: \$ _____ S.E.C. Fee: \$ _____ Penalty / Other Fee: \$ _____ Copy Charge (\$.25 per 8.5 x11 page) \$ _____ SUB-TOTAL \$ _____ Plumbing Fee \$ _____ Mechanical Fee \$ _____	CITY FEES Storm Water Connection: \$ _____ SAC Charge: \$ _____ Sewer Permit \$ _____ Sewer Hook-Up: \$ _____ Water Hook-Up: \$ _____ Water Meter: \$ _____ Sewer Trunk: \$ _____ Water Trunk: \$ _____ Water Permit: \$ _____ Storm Water Trunk: \$ _____ TOTAL DUE: \$ _____
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SPECIAL CONDITIONS OF PERMIT:

BUILDING APPROVAL BY: _____ DATE: _____ TIME: _____

Printed Name of Building Approval By: _____

CITY APPROVAL BY: _____ DATE: _____

Paid _____ Date: _____ Receipt No. _____ By: _____ Route to City _____

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MECH. PERMIT
H _____
 Routed to 101 Development

DATE: _____	PID# _____	State Bond No. _____	Gas Fitters License No. _____
SITE ADDRESS: _____			

OWNER _____

MECHANICAL CONTRACTOR Name / Address / City / State / Zip / Daytime Telephone _____	ESTIMATED VALUE OF WORK TO BE PERFORMED _____
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TYPE OF WORK: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	New _____ Replacement _____ Other _____
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WARM AIR

UNDERGROUND DUCT SYSTEM: Yes () No ()

Gravity _____ Forced _____

Input B.T.U. _____ Output B.T.U. _____

AIR CONDITIONING SYSTEM

Tons _____ CFM _____ Ductwork _____

VENTILATION / AIR EXCHANGE	
<p style="text-align: center;">Exhaust Only</p> <p>No. of Fans _____ Size _____ Type _____</p> <p>C.F.M. Del _____ Static Pressure _____</p>	<p style="text-align: center;">Air Exchange Unit</p> <p>Type-Mixing Box _____</p> <p>Heat Recovery Ventilation _____</p> <p>Recovery Efficiency _____ Net Air Flows _____</p> <p>Where ventilation is used/located _____</p>

WET HEAT

Baseboard _____ In-Floor _____

Steam _____ Hot Water _____

Gross Sq. Ft. _____ Input B.T.U. _____

GAS FITTINGS

Water Heater Furnace Stove Dryer Grill

Unit Heater Fireplace _____

FIREPLACE

No. of Fireplaces _____

Fuel Type _____

Mechanical Permit Fee: \$ _____

Gas Fitting Permit Fee: \$ _____

Plan Review Fee: \$ _____

State Surcharge: \$ _____

\$ _____

Total MECHANICAL Permit: \$ _____

Mechanical Comments:

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SIGNATURE OF APPLICANT: _____ **DATE:** _____

PRINTED NAME: _____

Signature of (please check one) : Owner Building Contractor Architect, _____

CITY APPROVAL BY: _____ **DATE:** _____

Paid _____ Date: _____ Receipt No. _____ By: _____ Route to City _____

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BUILDING PERMIT

Building Inspector: 101 Development
Phone 320-226-5189

PLUMB. PERMIT
P _____
 Routed to 101
 Development

DATE:	PID#	PM No.	Pipelayers Card No.
SITE ADDRESS:			

OWNER _____ Name / Address / City / State / Zip / Daytime Telephone

PLUMBING CONTRACTOR _____ Name / Address / City / State / Zip / Daytime Telephone 	ESTIMATED VALUE OF WORK TO BE PERFORMED
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Type of Work Residential Commercial

CLASS OF WORK: () New () Addition () Alteration () Replace

_____ Water Closet (Toilet)	_____ Bathtub	_____ Roof Leader-Rainwater
_____ Lavatory (Wash Basin)	_____ Shower	_____ Drinking Fountain
_____ Kitchen Sink & Disp.	_____ Dishwasher	_____ Lawn Sprinkler System
_____ Water Heater	_____ Clothes Washer	_____ Vacuum Breakers
<input type="checkbox"/> Gas <input type="checkbox"/> Electric	_____ Water Softner	_____ Sump
_____ Ice Maker Line	_____ Piping/Treating Equipment	_____ Other
_____ Rough-in Future Fixture	_____ Floor Sink or Drain	

Plumbing Comments: 	_____ Fixtures @ \$_____ each: \$ _____ Plan Review Fee: \$ _____ State Surcharge: \$ _____ \$ _____ \$ _____ \$ _____ Total PLUMBING Permit: \$ _____
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SIGNATURE OF APPLICANT: _____ **DATE:** _____

PRINTED NAME: _____

Signature of (please check one) : Owner Building Contractor, Architect, _____

CITY APPROVAL BY: _____ **DATE:** _____

Paid _____ Date: _____ Receipt No. _____ By: _____ Route to City _____