BUILDING PERMIT APPLICATION #_______

New Residential – Single Family Construction

CITY OF DUNDAS
BUILDING INSPECTIONS DEPARTMENT
100 RAILWAY STREET NORTH, PO BOX 70, DUNDAS, MN 55019
Phone: 507-645-2852  email: cityhall@dundas.us

JOB SITE ADDRESS _________________________________________ PID# __________

OWNER ______________________________________ PHONE #s __________
Street Address: _____________________________________ City/Zip: ____________
Email: __________________________ Signature: __________ Date: __________

CONTRACTOR ______________ PHONE# ______________
Mailing Address __________________________________________________________________
Email: __________________________ Contractor License# ______________

TYPE OF WORK (DESCRIBE IN DETAIL): _______________________________________________________________________

VALUATION OF WORK (EXCLUDING LAND) ________________________________________________

SETBACKS: Front: _______ Rear: _______ Right Side: _______ Left Side: _______

SQUARE FEET: Basement: _______ Garage: _______ Porch: _______ Deck: _______
1st Floor: _______ 2nd Floor: _______ 3rd Floor: _______ Other: _______

NOTE: A survey by a registered surveyor is required for all permit applications in subdivisions platted after January 1, 1997, or as required by the Building Official (this may be waived for minor additions). If a survey is not required, a Plat Plan must be submitted. Contractor hereby agree that, upon issuance of this permit, all work shall be done and all materials used shall be in compliance with applicable City, County, and State laws and ordinances. Contractor agrees to abide by all Zoning Regulations and State Building Codes and to use this structure for its permitted use only.

__________________________ __________________________
Contractor Signature Date

Permit shall be null and void if authorized work is not started within 180 days from approved date, or if work is suspended or abandoned for 180 days or more after work is started.

NOTICE: This is an application only. Permit will be issued after City approval and payment of fees.

------------------------------------------------------------

---CITY USE ONLY---

Check one: _____ Bridgewater Heights _____ Stoneridge Hills ___ Millstone ____ Riverside ____ Other

ZONING ADMINISTRATOR: REVIEWED ______ DENIED ______
Signature __________________________ Date ____________

BUILDING OFFICIAL/DESIGNEE ____ REVIEWED _____ DENIED __________
Signature __________________________ Date ____________

PERMIT FEES
Building $_______________ Water Connection Fee $ 1,500
Plan Check Fee $_______________ Sewer Connection Fee $ 2,000
Building State Surcharge $_______________ Landscape Escrow* $ 1,500 (*refundable)
Plumbing Permit $_______________ Meter(s) $__________
Mechanical Permit $_______________ Other Expense $__________
Excavation Permit $_______________

TOTAL FEES $_______________

SF-042020
PLUMBING PERMIT APPLICATION

Job Address: ______________________  PID# ______________________

Property Owner: ____________________  Phone# ____________________
Address: Job _______ Other: ________________________________________

Contractor: _________________________  Phone# ____________________
Address: _________________________________________________________
Email: _____________________________________  License# ____________________

Number of Plumbing Fixtures:

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sinks</td>
<td>_____</td>
</tr>
<tr>
<td>Toilet/Urinal</td>
<td>_____</td>
</tr>
<tr>
<td>Floor Drain</td>
<td>_____</td>
</tr>
<tr>
<td>Bathtub</td>
<td>_____</td>
</tr>
<tr>
<td>Shower</td>
<td>_____</td>
</tr>
<tr>
<td>Sillcocks</td>
<td>_____</td>
</tr>
<tr>
<td>Dish Washer</td>
<td>_____</td>
</tr>
<tr>
<td>Garbage Disposal</td>
<td>_____</td>
</tr>
<tr>
<td>Laundry Tray</td>
<td>_____</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>_____</td>
</tr>
</tbody>
</table>

Total number of above fixtures _____ x $6.00 each = $__________

01 Plumbing Fee: $______________

Permit Fee: $15.00 +  State Surcharge $1.00 +  Hot Water/Softener $10.00 +
Plbg Fixtures: $__________ + Other $__________

03 Excavation Fee: $100.00 minimum

04 Radio Read Meter ¾’: $__________  Meter + Additional Meter Yes____  No____

05 Fire Sprinkler System: $__________
(Valuation of Job $__________ x 1.4% + $5.00 State Surcharge)

INSPECTIONS REQUIRED: (Call 507-645-2852 to schedule with 48 hours advance notice)

____ S/W Connection  ____ Rough in Plumbing  ____ Final Plumbing  ____ Meter(s) Installed

X________________________/___________  X________________________/___________
Owner/Contractor Signature  Date  Building Official/Desigee  Date
### HVAC PERMIT APPLICATION

<table>
<thead>
<tr>
<th>Permit No.</th>
<th>______-02</th>
</tr>
</thead>
</table>

**Job Address:** ___________________________ **PID#** ___________________________

**Property Owner:** ________________________ **Phone#** ________________________
**Address:** Job _______ Other:______________________________________________

**Contractor:** ____________________________ **Phone#** _______________________
**Address:**_______________________________________________________________
**Email:**___________________________________ **License#** ___________________

#### Residential:
- Permit: $15.00 + State Surcharge $1.00 + *(items checked)*
  - Furnace* $20.00 ______  Duck Work $15.00 ______  Gas Piping $30.00 ______
  - Fireplace $20.00 ______  Air Filters $15.00 ______  Humidifier $15.00 ______
- Air Conditioner* $20.00 ______ (Note: central a/c minimum setback 10 ft from property side line)

**TOTAL RESIDENTIAL PERMIT:** __________________________

#### Commercial Job*:
- Valuation $__________________________
- Building: $ ______________  Plan Check Fee: $_______________  State Surcharge: $___________

**TOTAL COMMERCIAL PERMIT:** $__________________________

*Requirements with Permits: Model Information on Furnace and Air Conditioner

**INSPECTIONS REQUIRED:** *(Call 507-645-2852 to schedule with 48 hours advance notice)*
- _Air/Gas Test_  _Duck Work_  _ORSAT_  _Rough in Heating_  _Final Heating / Air Conditioning_

<table>
<thead>
<tr>
<th>X_________________________/___________</th>
<th>X_________________________/___________</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Owner/Contractor Signature</strong></td>
<td><strong>Date</strong></td>
</tr>
</tbody>
</table>