



City of Scandia – Building Permit Application

14727 209th Street North
 Scandia, MN 55073
 Phone: (651) 433-2274 Fax: (651) 433-5112

PERMIT NUMBER

PROPERTY ADDRESS*:	PIN #
---------------------------	--------------

LOT:	BLOCK:	ADDITION:	ZONING DISTRICT:
-------------	---------------	------------------	-------------------------

*** IS PROJECT SUBJECT TO MASTER ASSOCIATION AND/OR ARCHITECTURAL COMMITTEE APPROVAL? No / YES (ATTACH APPROVAL LETTER)**

PROPERTY OWNER:	OFF. Phn:
------------------------	------------------

ADDRESS:	CELL Phn:
-----------------	------------------

CONTRACTOR NAME:	OFF. Phn:
-------------------------	------------------

ADDRESS:	CELL Phn:
-----------------	------------------

ARCHITECT / DESIGNER	Phn:
-----------------------------	-------------

CONTRACTOR TYPE			
<input type="checkbox"/> RESIDENTIAL BUILDER <input type="checkbox"/> RESIDENTIAL REMODELER <input type="checkbox"/> RESIDENTIAL ROOFER <input type="checkbox"/> MANUFACTURED HOME INSTALLER <input type="checkbox"/> LICENSE # _____	<input type="checkbox"/> Will work under this permit require lead certification as required by the Code of Federal Regulation, Title 40? (homes constructed prior to 1978 or year unknown) <input type="checkbox"/> SPECIALTY CONTRACTOR → PROOF OF LIABILITY INSURANCE REQUIRED <input type="checkbox"/> PROPERTY OWNER/ UNLICENSED → PROPERTY OWNER WAIVER REQUIRED → STATE NOTIFICATION REQ'D? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO Certification # _____ Verified by: _____	

STRUCTURE SIZE:	No. STORIES:	No. UNITS:	VALUATION: \$ _____
------------------------	---------------------	-------------------	----------------------------

▼ Property Use ▼	▼ Type of Work ▼	▼ Permit Type ▼
<input type="checkbox"/> Agricultural - Acres: _____ <input type="checkbox"/> Single family dwelling <input type="checkbox"/> 2 – family dwelling <input type="checkbox"/> Multi-family dwelling <input type="checkbox"/> Townhouse <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Hospital / Medical <input type="checkbox"/> Public building <input type="checkbox"/> Hotel / Motel	<input type="checkbox"/> Basement Finish <input type="checkbox"/> Deck <input type="checkbox"/> Accessory Structure / Detached Garage <input type="checkbox"/> Porch <input type="checkbox"/> Replace Siding : Valuation \$ _____ <input type="checkbox"/> Replace Windows/Doors: Valuation \$ _____ <input type="checkbox"/> Miscellaneous _____	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Fire Damage / Repair <input type="checkbox"/> Other: _____ Existing Building <input type="checkbox"/> Move Building <input type="checkbox"/> Demolition <input type="checkbox"/> Driveway <input type="checkbox"/> Curb/Street Cut <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Manufactured Home

OFFICE USE ONLY

▼ Structure sq/ft ▼	▼ ▼ ▼ ▼ Special Instructions ▼ ▼ ▼ ▼	Permit Fee →
Upper Level	<input type="checkbox"/> Inspections Required <input type="checkbox"/> Proper lowest floor elevation <input type="checkbox"/> Arch. Review	Plan Check Fee →
Main Level		State Surcharge →
Basement		Other / Driveway →
Garage		
Porch		Sewer Trunk Fee →
Deck		
Misc		
Zoning Approval:		Total →

*** SEE REVERSE SIDE FOR PERMIT APPLICATION REQUIREMENTS ***

Permit becomes void if work does not begin within 180 days or is suspended at any time for over 180 days. Permits issued and inspections made by the city are a public service and do not constitute any representation, guarantee, or warranty, either implied or expressed, to any person as to the condition of the building or conformance to applicable construction codes. The Undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of Scandia. Periodic and/or a final inspection of this work are required by the Minnesota State Building Code. **It is the responsibility of the applicant to call the City of Hugo Building Department at 651-762-6300 to schedule an inspection.**

Applicants Signature: _____

Date: _____

Date Rec'd:

PERMIT APPLICATION REQUIREMENTS

One and Two Family Dwellings

- One (1) signed and completed building permit application including a current contractor license number.
- (B) Two (2) copies of detailed plans, drawn to scale including but not limited to; foundation plan and wall design including foundation wall insulation, radon control system, floor plan(s), cross section(s), elevation plan(s), beam size(s), joist size(s) and spacing, label window and door openings with the manufacturing U-value, and label all exterior wall and ceilings with the R-value.
- (C) Three (3) copies of a scaled Certificate of Survey prepared by a Minnesota registered land surveyor complying with City approved Survey requirements (maximum size 11 x 17).
Survey requirements – see City Website
- (D) One (1) copy of energy code design criteria labeled on the plan, verifying that the building envelope meets the provisions of MREC Table R402.1.1 or MREC Section R405 Simulated Performance Alternative.
- (E) One (1) copy of calculated heat loss / gain and calculated cooling load verifying HVAC sizing in compliance with the Minnesota Energy Code.
- (F) One (1) copy of IFGC Appendix E, Worksheet E-1 calculating combustion air size, **AND** One (1) copy of IMC Table 501.4.1 calculating makeup air quantity **OR** other calculations approved by Building Official.
- (G) One (1) copy of Residential Energy Efficiency Certificate per MREC R401.3
- (H) One (1) Washington County driveway permit, if on County Road.
- (I) One (1) Erosion control plan or SWP permit number.

Remodel / Repair / Addition / Deck Requirements

- Two (2) copies of plan showing footings, beams and joists, label window and door openings with the manufacturing U-value, and label all exterior wall and ceilings with the R-values.
- Include (D) from above if enclosed habitable space.
- One (1) site survey for additions and deck.
 - o include lot dimensions, structure size, location and setbacks of proposed structure, location of driveway, and location of well / septic (tank and drain field).

Detached Accessory Buildings

- Site plan approval
- Include items (A), (B) & (I) from above.
- Fully dimensioned site plan including lot dimensions, structure size, location and setbacks of proposed structure, location of driveway, and location of well / septic.

Farm Site Building

- Include items (A), (H) & (I) from above.
- Two (2) copies of detailed plans, drawn to scale including, but not limited to; foundation plan, roof and wall design.
- Fully dimensioned site plan including lot dimensions, structure size, location and setbacks of proposed structure, location of driveway, and location of well / septic (tank and drain field).

COMMERCIAL, INDUSTRIAL, AND MULT-UNIT RESIDENTIAL (* *)

- Foundation Only

- 2 sets of Structural Plans
- 2 sets of Civil Plans
- 1 Certificate of Survey
- Storm water Protection plan (SWP)
- 1 Code Analysis **
- 1 Project Specs
- 1 Special Inspection & Testing Schedule
- 1 Soils Report
- Meter size must be established – if applicable
- Met Council SAC Determination (651) 602-1531

- Interior Improvement

- 2 sets of Architectural Plans
- 1 Code Analysis **
- 1 Project Specs
- 1 Key Plan
- 1 Master Exit Plan with 11 x 17 copy for emergency services
- 1 Energy Calculations complying with the 2012 Commercial Energy Code (Chapter 1323 of the 2015 MSBC) ***
- Fire Stopping Submittals
- Meter size must be established – if applicable
- Met Council SAC Determination (651) 602-1531

- New Building

- 1 Soils Report
- 1 Certificate of Survey
- 2 sets of Structural Plans
- 2 sets of Architectural Plans
 - o HVAC units required on building elevation / site plan
- 2 sets of Civil Plans
- 2 sets of Landscaping Plans
- 1 Code Analysis **
- 1 Energy Calculations complying with the 2009 Commercial Energy Code (Chapter 1323 of the MSBC) ***
- 1 Special Inspection & Testing Schedule
- 1 Project Specs
- 1 Master Exit Plan with 11 x 17 copy for emergency services
- Fire Stopping Submittals
- 2 Fire Suppression / Alarm system plans
- Meter Size must be established
- Met Council SAC Determination (651) 602-1531
- Storm water Protection plan (SWP)

* Call the Minnesota Department of Health at (651) 201-4500 or visit <http://www.health.state.mn.us/divs/eh/food/license/index.html> for details regarding food & beverage or lodging facilities.

** Contact Building Official for required documents.

*** 2012 Energy Code Compliance Forms are available at <http://www.ashrae.org/technology/page/97>.

Scroll down to "Interactive 90.1-2010 Compliance Forms" You will need the ANSI/ASHRAE Standard 90.1 – 2010 to complete the compliance forms.

*** IMPORTANT ***

- All documents must be submitted with permit application.
- Allow up to ten working days for permit processing.
- Failure to submit required information or submitting an incomplete application may delay permit processing.

Additional required permits:

- Driveway permit (City / County / MNDOT)
- On-site sewage treatment permit (if applicable) Washington County (651) 430-6676
- Plumbing permit (City)
- Water conditioning permit (City)
- Sewer and Water permit (City)
- Mechanical permit (City)
- Electrical permit (City)
 - <http://www.ci.scandia.mn.us>: Electrical Permits
 - or call Joseph Wheaton @ (612) 866-3784, 7-8:30 am, M-F frazjoe@gmail.com