

CITY OF HAMBURG

PO Box 248

Hamburg, MN 55339

Phone: 952-467-3232 Fax: 952-467-3119

PAGE 1

Handout Given

Lead Handout Given

BUILDING PERMIT

Routed to MNSPECT

SITE ADDRESS: _____ **PID:** _____

- 1) Was the home constructed before 1978? (**YES** , continue with line 2, **NO** continue without completing EPA Section)
- 2) Will the work disturb ≥6 sq ft of interior painted surfaces or ≥20 sq ft of exterior painted surfaces? (**YES** go to line 4, **NO** line 3)
- 3) Are there any windows being replaced? (**YES** , go to line 4, **NO** continue without completing EPA Section)
- 4) Has this home been Certified Lead Free? (**YES** , you **MUST** Attach Certification Information, **NO** complete line 5)
- 5) EPA Contractor Certification Number: **NAT -**

PROPERTY OWNER: _____ **Address:** _____

City: _____ State: _____ Zip: _____ Email: _____

Contact Name: _____ Phone: _____

CONTRACTOR: _____ **Address:** _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Contractor License No.: _____ **Contact Name:** _____ **Phone:** _____

Email: _____

ARCHITECT: _____ **Address:** _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Email: _____ Contact Name: _____ Phone: _____

TYPE OF WORK:

- | | | | | | |
|--------------------------------------|--------------------------------------|---|--|--------------------------------|--|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Residential | <input type="checkbox"/> New Construction | <input type="checkbox"/> Deck | <input type="checkbox"/> Pool | <input type="checkbox"/> Re-Roof |
| EST. VALUATION OF WORK | | <input type="checkbox"/> Change of Use | <input type="checkbox"/> Retaining Wall | <input type="checkbox"/> Porch | <input type="checkbox"/> Re-Side |
| \$ _____ | | <input type="checkbox"/> Finish Basement | <input type="checkbox"/> Demolition | | <input type="checkbox"/> Fence _____ |
| Square feet: _____ | | <input type="checkbox"/> Remodel | <input type="checkbox"/> Fire Sprinkler | | <input type="checkbox"/> Shed _____ sq ft |
| Detailed Description of Work: | | <input type="checkbox"/> Addition | <input type="checkbox"/> Fire Alarm | | <input type="checkbox"/> Window/Door Replacement |
| | | <input type="checkbox"/> Garage-Attached/Detach | <input type="checkbox"/> Plumbing-provide detail on Page 2 | | <input type="checkbox"/> # being replaced _____ |
| | | <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Mechanical-provide detail on Page 2 | | <input type="checkbox"/> Misc Other |

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required and authorizes the Zoning Administrator or designee and the 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 Municipality 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: _____ **This is the signature of:** Owner or Owner's Representative

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

VALUATION: \$ _____

Permit Fee: \$ _____	Park Dedication: \$ _____
Plan Review Fee: \$ _____	SAC Charge: \$ _____
State Surcharge: \$ _____ 1.00	WAC Charge: \$ _____
Site Inspection Fee: \$ _____	Sewer Hook-Up: \$ _____
S.E.C. Fee: \$ _____	Water Hook-Up: \$ _____
Investigation Fee / Other Fee: \$ _____	Sewer Trunk: \$ _____
Copy Charge (\$.25 per 8.5x11 page) \$ _____	Water Trunk: \$ _____
License Check (\$5) / Lead Check (\$5) \$ _____	Water Meter \$ _____
SUB-TOTAL \$ _____	City Fee: \$ _____ 5.00
Plumbing Fee (from Page 2) \$ _____	Other: \$ _____
Mechanical Fee (from Page 2) \$ _____	TOTAL DUE: \$ _____

Special Conditions/Required Setbacks: _____

Building Approval By: _____ **DATE:** _____

Printed Building Approval By: _____ License Verification Lead Verification - Checked By: _____

City Approval By: _____ **DATE:** _____

Paid: _____ **Date:** _____ **Receipt No.** _____ **By:** _____

OFFICE USE ONLY