

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 SAFEbuilt

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:

Commercial Residential

New Construction Deck Pool Re-Roof

Change of Use Retaining Wall Porch Re-Side

EST. VALUATION OF WORK

\$ _____

Square feet: _____

Finish Basement Demolition Fence _____

Remodel Fire Sprinkler Shed _____ sq ft

Addition Fire Alarm Window/Door Replacement

Detailed Description of Work: _____

Garage-Attached/Detach Plumbing-provide detail on Page 2 # being replaced _____

Accessory Structure Mechanical-provide detail on Page 2 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