

**CITY OF PLATO**  
**112 2nd Avenue NE - PO Box 7**  
**Plato, MN 55370**

**Phone: 320-238-2432 Fax: 320-238-2542**

**PAGE 1**

Handout Given

Lead Handout Given

**BUILDING PERMIT**

Routed to MNSPECT

TO BE FILLED OUT BY APPLICANT - INCOMPLETE APPS MAY NOT BE PROCESSED

**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  Re-Roof

**EST. VALUATION OF WORK**  Change of Use  Pool  Re-Side

\$ \_\_\_\_\_  Finish Basement  Retaining Wall  Fence \_\_\_\_ ≤ 7' \_\_\_\_ > 7'

Square feet: \_\_\_\_\_  Remodel  Porch  Shed (≤ 200 sq ft)

Addition  Demolition  Window/Door Replacement

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: \$ \_\_\_\_\_ WAC Charge: \$ \_\_\_\_\_

\$ \_\_\_\_\_ Sewer Hook-Up: \$ \_\_\_\_\_

\$ \_\_\_\_\_ Water Hook-Up: \$ \_\_\_\_\_

Investigation Fee / Other Fee: \$ \_\_\_\_\_ Water Meter: \$ \_\_\_\_\_

Copy Charge (\$.25 per 8.5 x 11 page) \$ \_\_\_\_\_ Sewer Trunk: \$ \_\_\_\_\_

\$ \_\_\_\_\_ Water Trunk: \$ \_\_\_\_\_

**SUB-TOTAL** \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

Plumbing Fee (from Page 2) \$ \_\_\_\_\_ **TOTAL DUE:** \$ \_\_\_\_\_

Mechanical Fee (from Page 2) \$ \_\_\_\_\_

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

**MECHANICAL PERMIT** \_\_\_\_\_

**PLUMBING PERMIT** \_\_\_\_\_

FOR PERMIT ISSUANCE

PAGE 1 and PAGE 2 should be complete

**MECHANICAL INFORMATION**

<b>Mechanical Contractor:</b>			Address:	
City:	State:	Zip:	Phone:	Fax:
State Bond No:			Contact Name:	
Email:			Contact Phone:	

**Detailed Description of Work:**

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Indicate type of project, fixtures, and Gas Lines you will be installing or replacing (include count for each type of fixture):

<b>MECHANICAL FIXTURES</b>		<b>GAS LINES</b>	
<u>Quantity</u>	<u>Quantity</u>	<u>Quantity</u>	<u>Quantity</u>
_____ Furnace	_____ Kitchen Fan	_____ Furnace	_____
_____ Air Conditioning System	_____ Bath Fan	_____ Fireplace	_____
_____ Air Exchanger	_____ Grill	_____ Unit Heater	_____
_____ Fireplace	_____	_____ Water Heater	_____
_____ Unit Heater	_____	_____ Grill	_____
_____ In Floor Heat	_____	_____ Dryer	_____
_____ Gas Log	_____	_____ Stove	_____

- Replacement (one fixture only, no piping or vent changes)
- Addition/Remodel
- New Construction
- Other \_\_\_\_\_

**Office Use Only:**

Mechanical Permit Fee: \$ \_\_\_\_\_

Gas Line Permit Fee: \$ \_\_\_\_\_

State Surcharge: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**Total Mechanical Permit: \$ \_\_\_\_\_**

**PLUMBING INFORMATION**

<b>Plumbing Contractor:</b>			Address:	
City:	State:	Zip:	Phone:	Fax:
Plumbers License No:			State Bond No:	
Contact Name:			Contact Phone:	
Email:				

**Detailed Description of Work:**

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Indicate type of project and fixtures you will be installing or replacing (include count for each type of fixture):

<b>PLUMBING FIXTURES</b>		
<u>Quantity</u>	<u>Quantity</u>	<u>Quantity</u>
_____ Water Heater	_____ Shower	_____ Laundry Tub
<input type="checkbox"/> Gas <input type="checkbox"/> Electric	_____ Dishwasher	_____ Rough-In Future Fixture
_____ Water Softener	_____ Clothes Washer	_____ Sump
_____ Lawn Sprinkler System	_____ Ice Maker Line	_____ Water Piping System
_____ Water Closet (Toilet)	_____ Hose Bib	_____ Floor Drain
_____ Lavatory (Wash Basin)	_____ Bathtub	_____

- Replacement (one fixture only, no piping or vent changes)
- Addition/Remodel
- New Construction
- Other \_\_\_\_\_

**Office Use Only:**

Plumbing Permit Fee: \$ \_\_\_\_\_

State Surcharge \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**Total Plumbing Permit: \$ \_\_\_\_\_**