METRO WEST INSPECTION SERVICES, INC.
Box 248 / Loretto, MN 55357 / Phone: 763-479-1720 / Fax: 763-479-3090

RESIDENTIAL BUILDING PERMIT APPLICATION CHECKLIST

This handout is a guide only and does not contain all of the requirements of the Minnesota State Building Code or City Ordinances.

WELCOME TO THE CITY MAPLE LAKE

To facilitate your building project and the City's permit process as well as to provide a consistent level of customer service, submittals for building permit must be complete at the time of application. The following documents are required at time of permit submittal so that all City departments can complete their plan reviews and grant approval for your project. Permitting time will depend on the complexity of the work and the completeness of the plan submittals. Two to five working days will typically be required for new buildings and major additions / remodels. If you have questions or concerns at this stage of your project, we will be happy to speak with your design team to answer questions and assist you in completing the application process.

TWO COMPLETE SETS OF PLANS, SPECIFICATIONS AND SUBMITIAL DOCUMENTS ARE REQUIRED AT THE TIME OF PERMIT APPLICTION:

- Completed and signed permit application
- Certificate of Survey (survey showing proposed building structure)
- Complete Building Plans (foundation plans, floor plans, building elevations, and cross sections drawn to scale. Be sure to show all headers and beams sizes on plans.)
- Energy Calculations
- Mechanical Ventilation work sheets
- Any other information deemed necessary by the City and / or Building Inspector to ensure code compliance.

Building Permit

Permit No. _____

Date Issued _____

Rec'd By _____

Complete the following and sign before submission

1. Builders License #		Date of Application	
2. Site Address			
3. Property ID Number			
4. Owner (Name)	(Address)	(Daytime Phone)	
5. Architect (Name)	(Address)	(Daytime Phone)	
6. Builder (Name)	(Address)	(Daytime Phone)	
7. Applicant Email			
8. Type of Work			

9. Completion date **EXPIRES 180 Days from issue**	10. Type of Construction	11. Estimated Value
12. Proposed Elevation (in relation to curb or water-way) _____Elev.	13. Property Area or Acres Sq. Feet	14. Number of Stories
15. Front Yard Setback Feet	16. Rear Yard Setback Feet	17. Side Yards Setback Left_____Right_____

Will you be digging in the Right of Way: (if yes, Right-Of-Way Permit Required) Yes _____ No _____

Building Inspector Comments: _____

Acknowledgment and Signature:

The undersigned hereby agrees that, in case such permit is granted, all work which will be done and all materials which will be used shall comply with the plans and specifications therefore submitted with this application and with all the ordinances of the City of Maple Lake and the State of Minnesota laws regarding building construction applicable thereto.

_____/_____

Signature of Applicant — Approving Building Inspector

Contact Metro West Inspection Services at 763-479-1720 to schedule inspections

Fees

Permit Fee_____

Plan Check Fee _____

Surcharge_____

Penalty Fee_____

Fireplace Fee_____

Mechanical Fee_____

Plumbing Fee_____

Septic Fee_____

Water Access Fee_____

Sewer Access Fee_____

Water Meter Fee _____

Fire Lock Box Fee _____

Landscape Escrow_____

Grading Escrow _____

Other _____

Total Fees _____

Code Analysis

Type of Const._____

Use of Bldg_____

Occupancy Group_____

Occupancy Load _____

Zoning District_____

Zoning Action/Date_____

Off Street Parking

Spaces Req. _____

Spaces on Plan_____

Special Approvals

Zoning_____

Fire Dept_____

Engineer _____

Public Works_____

Dev Agr _____

Other_____

Certificate of Occupancy Issued

Date By_____

Inspector Copy - Applicant Copy - Assessor Copy

New Construction Energy Code Compliance Certificate

Per R401.3 Certificate. A building certificate shall be posted on or in the electrical distribution panel.

Date Certificate Posted	

Mailing Address of the Dwelling or Dwelling Unit	City
Name of Residential Contractor	MN License Number

THERMAL ENVELOPE

Insulation Location	Total R-Value of all Types of Insulation	Type: Check All That Apply								
		Non or Not Applicable	Fiberglass, Blown	Fiberglass, Batts	Foam, Closed Cell	Foam Open Cell	Mineral Fiberboard	Rigid, Extruded Polystyrene	Rigid, Isocynurate	Other Please Describe Here
Below Entire Slab										
Foundation Wall										
Perimeter of Slab on Grade										
Rim Joist (1st Floor)										
Rim Joist (2nd Floor+)										
Wall										
Ceiling, flat										
Ceiling, vaulted										
Bay Windows or cantilevered areas										
Floors over unconditioned area										
Describe other insulated areas										

RADON CONTROL SYSTEM

	Passive (*No Fan*)
	Active (*With fan and monometer or other system monitoring device*)
Location (or future location) of Fan:	

Building envelope air tightness:		**Duct system air tightness:**	

Windows & Doors		**Heating or Cooling Ducts Outside Conditioned Spaces**
Average U-Factor (*excludes skylights and one door*) U:		Not applicable, all ducts located in conditioned space
Solar Heat Gain Coefficient (SHGC):		R-value

MECHANICAL SYSTEMS

Appliances	Heating System		Domestic Water Heater		Cooling System	
Fuel Type						
Manufacturer						
Model						
Rating or Size	Input in BTUS:		Capacity in Gallons:		Output in Tons:	
Efficiency	AFUE or HSPF%				SEER /EER	
Residential Load Calculati	**Heating Loss**		**Heating Gain**		**Cooling Load**	

MECHANICAL VENTILATION SYSTEM

Describe any additional or combined heating or cooling systems if installed: (e.g. two furnaces or air source heat pump with gas back-up furnace):

Select Type

	Heat Recover Ventilator (HRV) Capacity in cfms:	Low:		High:	
	Energy Recover Ventilator (ERV) Capacity in cfms:	Low:		High:	
	Balanced Ventilation capacity in cfms:				
	Location of fan(s), describe:				
	Capacity continuous ventilation rate in cfms:				
	Total ventilation (intermittent + continuous) rate in cfms:				

Make-up Air *Select a Type*

	Not required per mech. code
	Passive
	Powered
	Interlocked with exhaust device. Describe:
	Other, describe:
Location of duct or system:	
	Cfm's
	" round duct OR
	" metal duct

Combustion Air *Select a Type*

	Not required per mech. code
	Passive
	Other, describe:
Location of duct or system:	
	Cfm's
	" round duct OR
	" metal duct

CITY OF MAPLE LAKE
CERTIFICATE OF GRADING

SITE ADDRESS: _____

DATE OF INSPECTION: _____

BUILDING CONTRACTOR: _____

I am a duly registered land surveyor, under the laws of the State of Minnesota. I hereby certify that an inspection of this property was conducted by myself or under my direct supervision and the following items are in conformance with the approved grading plan. If there are any exceptions, they must be approved by the Engineering Department prior to the submittal of this certificate.

1. Spot elevations as shown on the certificate of survey is within two tenths of a foot (+/- 0.2 feet).
2. Driveway slope as constructed ___ percent.
3. Lot grades and drainage patterns generally conform to those shown on the approved grading plan.
4. The elevation of the building and the foundation type are in general accordance with the city approved grading plan.
5. Iron monuments are in place in each lot corner.

Signed _____

Firm Name _____

Registration No. _____

Date _____

Approved grading plans should be obtained from the property owner or developer. General questions about certification should be addressed to the Building Inspection Department at 763-479-1720. If grading to the approved plan is not practical or possible, contact the City Engineer, Phil Gravel, at 651-636-4372.

COMMON CAUSES OF WET BASEMENTS

POOR DRAINAGE AROUND HOUSES, AS ILLUSTRATED HERE, CAUSES MOST WET BASEMENTS.

TO DRY UP YOUR BASEMENT, CORRECT THESE PROBLEMS FIRST.

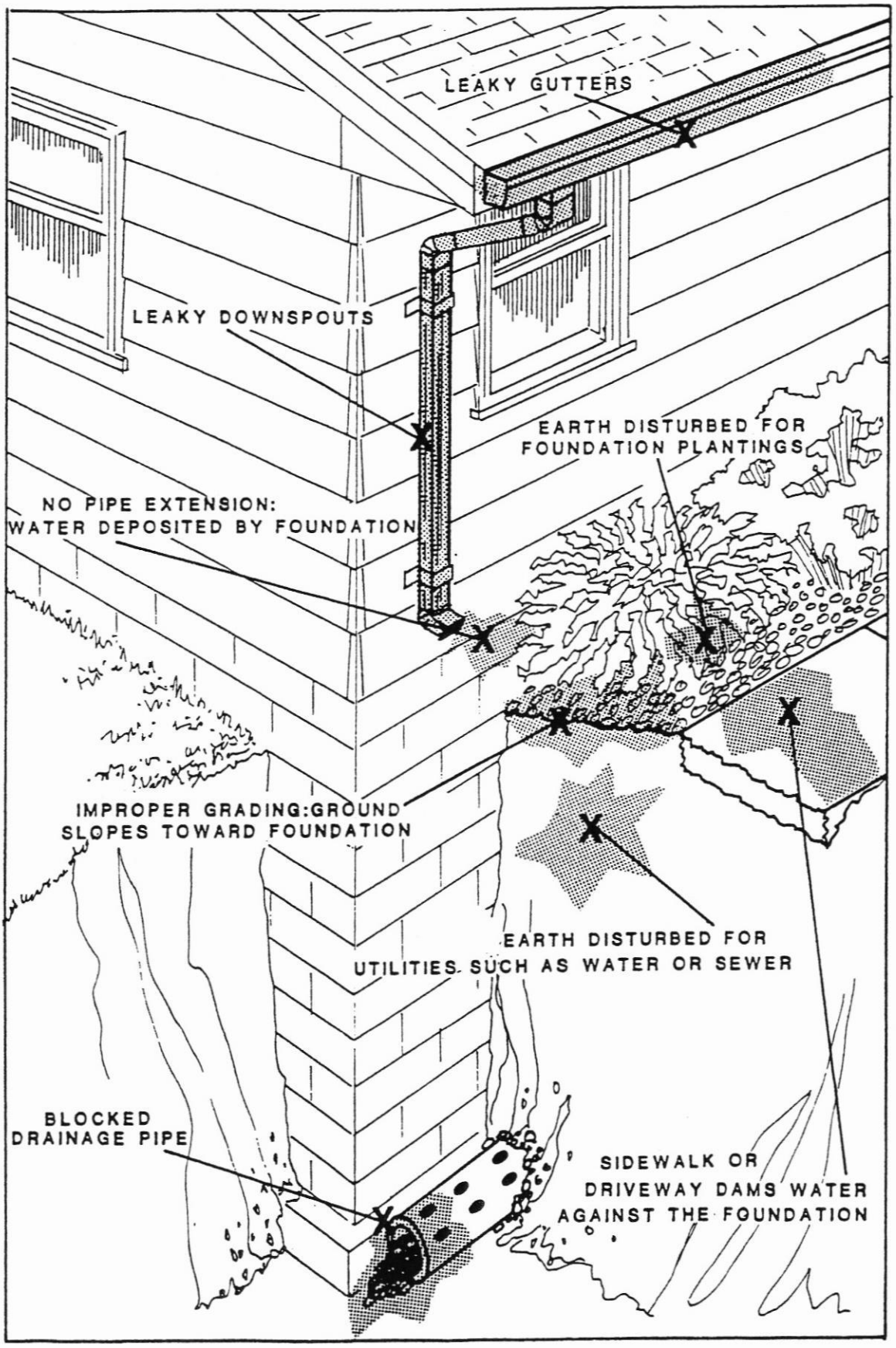
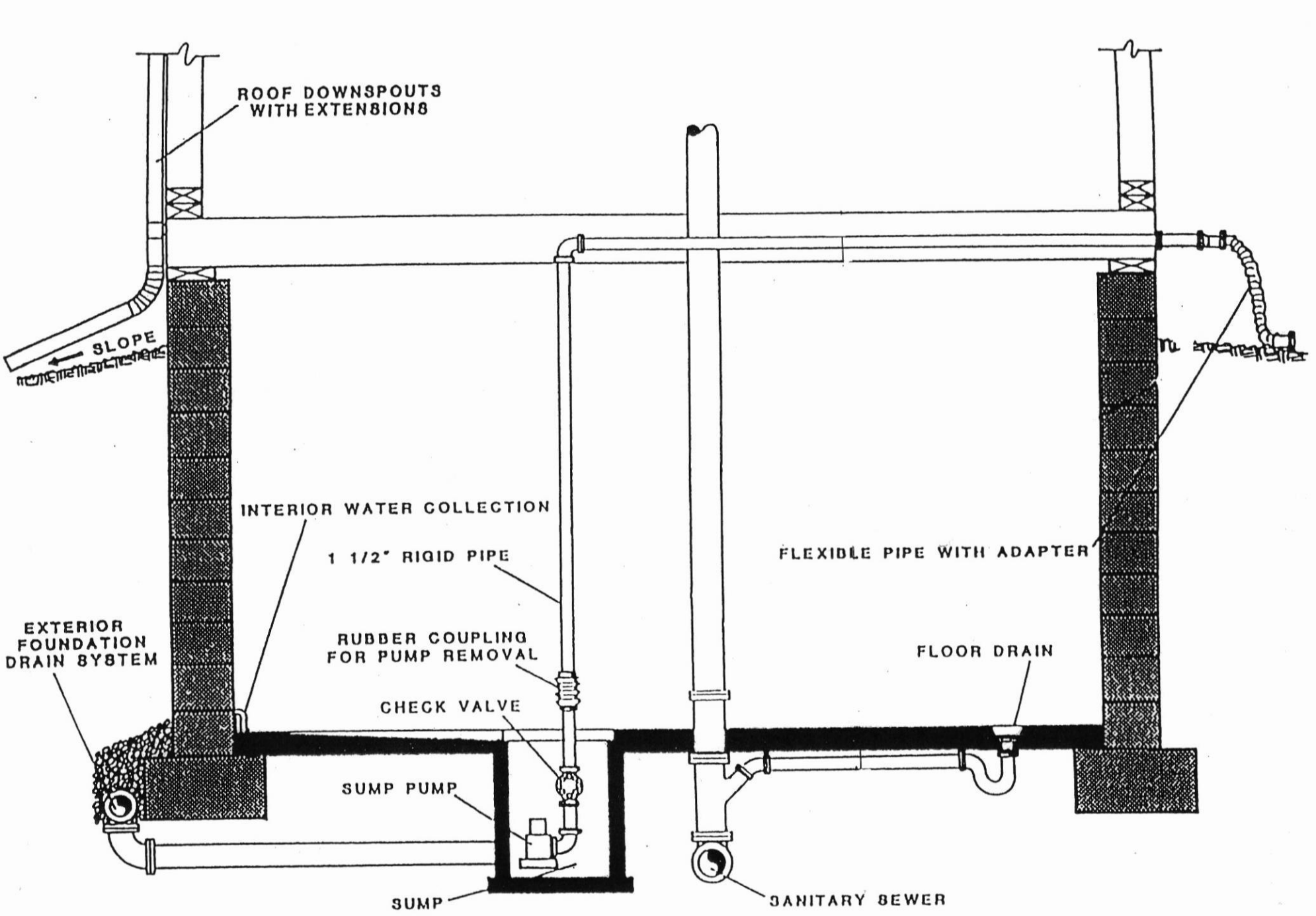
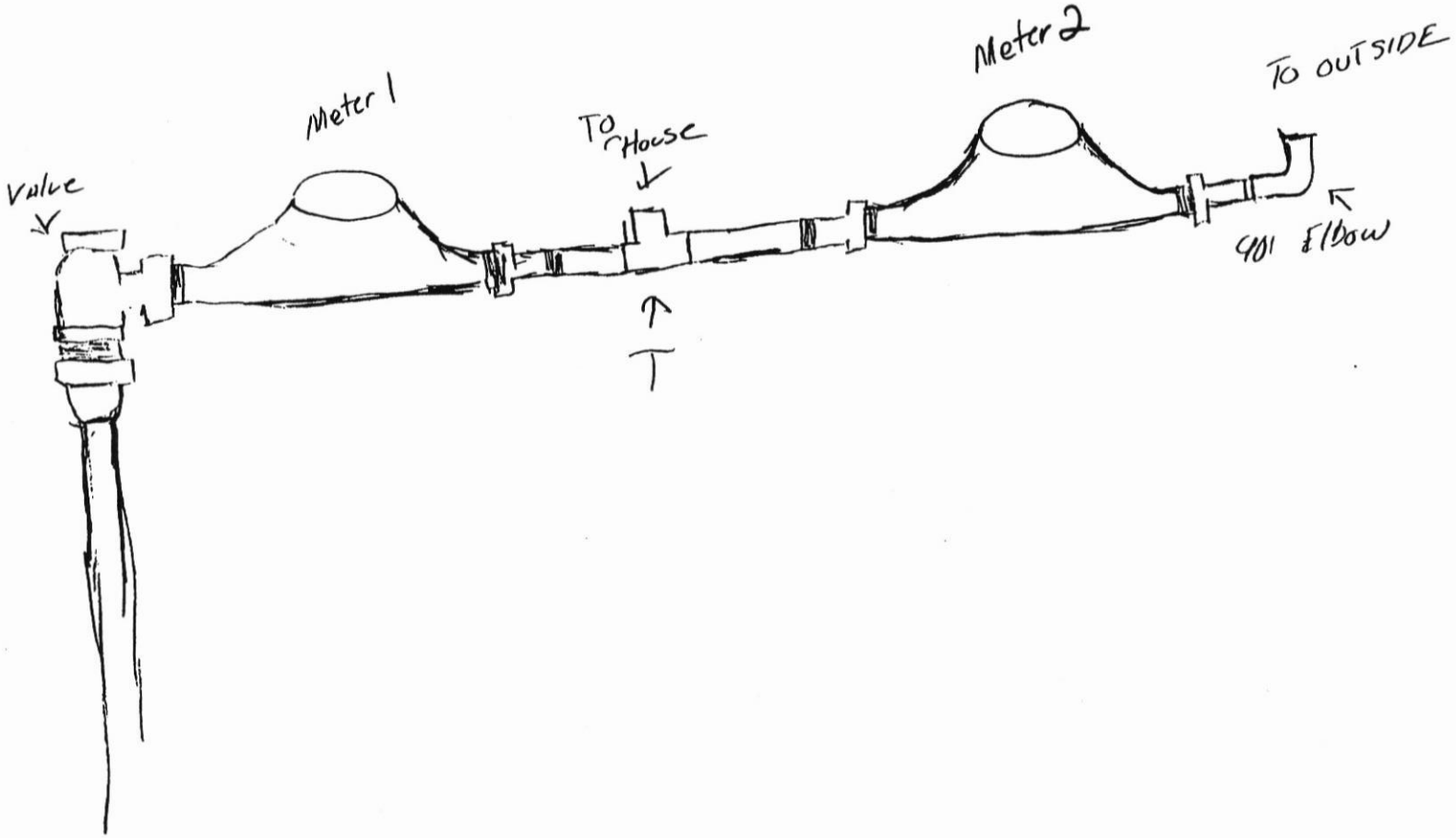


FIGURE NO. 1



TYPICAL SUMP PUMP INSTALLATION DETAILS

FIGURE NO. 2


Meter 2
TO OUTSIDE
Meter 1
TO House
Valve
90° Elbow
T