



BUILDING PERMIT/APPLICATION

CITY OF WABASHA, 651-565-4568

Permit # _____

-----APPLICANT COMPLETE INFORMATION BELOW-----

Project Address: _____ PID # R27. _____

Legal Description: _____ () See Attached

Property Owner: _____ Phone: _____ (Cell) _____

Address: _____ City: _____ Zip: _____

General Contractor: _____ License #: _____ Phone: _____ () Cell

Plumbing Contractor: _____ License #: _____ Phone: _____ () Cell

Mechanical Contractor: _____ License #: _____ Phone: _____ () Cell

Proposed Use [(✓) One]: () Dwelling, () Garage, () Deck, () Addition, () Porch, () Pole Building, () Finish Basement,

() Reactivation Permit # _____, () Business/Commercial, () Demolition, () Other _____,

() Plumbing: () Residential, () Business/Commercial, () Other _____,

() Mechanical: () Furnace, () Water Heater, () Fireplace, () Business/Commercial, () Other _____,

() New Gas Service/Reconnect Gas Service (Meter)

Description of Project: _____ Project Dimensions: _____,

Square Footage: _____, Lot Size/Dimensions: _____ (See attached Site Plan),

Use and Occupancy Type: _____ Type of Construction: _____

City Water: [(✓) (Yes) (No), City Sewer: [(✓) (Yes) (No),

Proposed Setbacks: Front _____ Side (L) _____ Side (R) _____ Rear _____ Street Side _____

Road Right of Way (State/County) County Rd #: _____ State Hwy #: _____

Is property in the floodplain? No ___ Yes* ___ **If YES, than 100 year regulatory Flood Protection Elevation must be determined and as-built elevations must be certified prior to the issuance of CO (Certificate of Occupancy).*

All new homes and Commercial Structures are required to pay a Water Access Charge (WAC) of \$100, Sewer Access Charge (SAC) of \$600 at the time of issuance of the building permit.

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Name [please print]: _____ Address: _____

City: _____ Zip: _____ Phone: _____

Signature: _____ Date: _____

-----CITY USE ONLY-----

Zoning District: _____ Floodplain _____ Shoreland _____ REPE: _____ (Base Flood elev.)

Minimum Setbacks: Front _____ Side (L) _____ Side (R) _____ Rear _____ Street Side _____

Mississippi Pool #4: _____ Brewery Creek: _____ Floodplain Only; lowest adjacent Grade: _____ ft. sea level

ZONING APPROVED BY: _____ Date: _____

BUILDING APPROVED BY: _____ Date: _____

-----FEES-----

Valuation: _____

Building Permit: _____ Plan Review: _____ State Surcharge: _____

Plumbing Permit: _____ Plan Review: _____ State Surcharge: _____

Mechanical Permit: _____ Plan Review: _____ State Surcharge: _____

Subtotals of Fees: _____ Subtotal: _____ Subtotal: _____

New Homes and Commercial Structures Only: WAC: \$100 SAC: \$600 Other: _____

TOTAL DUE: _____ **Total WAC & SAC Due:** _____

Paid:	()
Date Issued:	_____
Issued By:	_____

Call CMS for Inspections at 1.800.940.2547



PROPERTY OWNER
BUILDING PERMIT APPLICANT
SELF – WAIVER FORM

I, understand that the State of Minnesota requires that all Residential Building Contractors, Remodelers, Roofers, Mechanical and Plumbing Contractors obtain a state license unless they qualify for a specific exemption from the licensing requirements. This license requirement applies to owners of residential real estate who build or improve such property for purposes of speculation or resale.

By signing this document, I attest to the fact that I am improving this house for my own use and am not building or improving this house for the purpose of reselling it. I hereby claim to be exempt from the state licensing requirements because I am not in the business of building or remodeling on speculation or for resale and that the house for which I am applying for this permit, located at _____, is the first residential structure I have built or improved in the past 24 months. I also acknowledge that because I do not have a state license, I forfeit any mechanic's lien rights to which I may otherwise have been entitled under Minn. Stat 514.01.

Furthermore, I acknowledge that I may be hiring independent contractors to perform certain aspects of the construction or improvement of this house and I understand that some of these contractors may be required to be licensed by the State of Minnesota. I understand that unlicensed residential contracting; remodeling; and/or roofing activity is a misdemeanor under Minn. Stat. §326B.082, subd.16 and can also result in a fine of up to \$10,000. I further state that I understand that filing of a false statement with the City of Wabasha may also result in criminal prosecution and/or civil penalties pursuant to applicable city ordinances and/or state statutes.

I have also been informed and acknowledge that by listing myself as the contractor for this project, I alone will be responsible to the City of Wabasha for compliance with all applicable building codes and city ordinances in connection with the work being performed on this property.

Print name - Owner

Signature - Owner

Date

To determine whether a particular contractor is required to be licensed, or to check on the licensing status of individual contractors, please call the Minnesota Department of Labor and Industry, Construction Codes and Licensing Division at: (651) 284-5069. The web site is: www.doli.state.mn.us/contrator .



City of Wabasha, 651-565-4568

Web site: Wabasha.org, e-mail: zoning@wabasha.net

Supplemental Data For Demolition Permits

Building Permit # _____

PERMIT : _____

OWNERS NAME: _____

OWNERS ADDRESS: _____

DEMOLITION ADDRESS: _____

CONTACT PERSON: _____ TEL: _____

TYPE OF STRUCTURE: _____

UTILITIES ON SITE: SEWER ___ WATER ___ ELECTRIC ___ CABLE ___ GAS ___ TELEPHONE ___

WILL UTILITIES BE USED FOR NEW STRUCTURE: YES ___ NO ___

IS THERE A WATER WELL ON SITE: YES ___ NO ___

IS THERE A UNDERGROUND FUEL TANK: YES ___ NO ___

IS THERE A INDIVIDUAL SEWAGE SYSTEM ON SITE: YES ___ NO ___

IS ASBESTOS PRESENT WITHIN THE STRUCTURE: YES ___ NO ___

(COMPLETE THE ENCLOSED MPCA FORM : NOTIFICATION OF INTENT TO PERFORM A DEMOLITION , AND RETURN THE FORM TO MPCA. 10 DAYS BEFORE STARTING DEMOLITION)

DEMOLITION CONTRACTOR: _____

ADDRESS: _____

LIABILITY INS. CO. : _____ TELEPHONE NO. : _____

POLICY NO: _____ POLICY PERIOD: FROM _____ TO _____

COVERAGES AND LIMITS: _____

WASTE DISPOSAL SITE:

NAME: _____

LOCATION: _____

CITY: _____ STATE: _____ ZIP: _____ TELEPHONE:(____) _____

I hereby declare that I am the owner, or demolition contractor of the above described property, and agree that all materials from the demolition site will be taken to the State approved demolition dump site as stated above. I understand that issuance of a permit and inspections conducted do not constitute a guarantee or warranty from the City. I hereby agree to do all work in accordance with all State, Federal and Local rules and regulations (State Building Code, MPCA and Gopher State One Call). I hereby attest that I have the necessary insurance for the type of demolition project I am applying for. If water and sewer services are not to be reused, they will be terminated at the main. All the above information contain on this permit is a true and correct statement of my intentions

DATE: _____ SIGN BY APPLICANT: _____

(TO BE COMPLETED BY CITY)

PERMIT APPROVED BY: _____ DATE: _____

TOTAL FEE: _____ DATE REC: _____ RECEIPT NO: _____