

CITY OF KIMBALL PERMIT APPLICATION

PO BOX 238 - 1 Main Street N Kimball, MN 55353

BUILDING PERMIT #

Applicant to complete this area including Signature & Contractor Information:

SITE ADDRESS _____

DATE _____

LEGAL DESCRIPTION

Lot: _____

Block: _____

Addition: _____

Property I.D.# _____

OWNER

Name / Address / City / State / Zip / Daytime Telephone _____

TYPE OF WORK Commercial Residential
ESTIMATED VALUE OF WORK TO BE PERFORMED

New Construction
Finish Basement
Remodel
Addition
Garage - Attached
Garage - Detached

Deck
Accessory Structure
Pool
Re-Roof
Re-Side
Window Replacement

Demolition
Fence
Shed
Plumbing
Mechanical
Misc Other _____

PERMIT COMMENTS:

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 of the ordinances of the City 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 building and work is not commenced within 180 days from date of Permit issued, or if building and work suspended, abandoned or not inspected for 180 days.

SIGNATURE OF APPLICANT: _____

DATE: _____

CONTRACTOR INFORMATION

BUILDER

Name / Address / City / State / Zip / Daytime Telephone _____

Contractors License No. _____

ARCHITECT

Name / Address / City / State / Zip / Daytime Telephone _____

Office Use Only:

SETBACKS

PERMIT VALUATION:

ACTUAL: Front _____

Rear _____

Side _____

Side _____

REQUIRED: Front _____

Rear _____

Side _____

Side _____

OCCUPANCY TYPE:

TYPE OF CONSTRUCTION:

CODE USED: IRC IBC OTHER: _____

SPRINKLED BUILDING: YES NO

Permit Fee: \$ _____
Plan Check Fee: \$ _____
State Surcharge: \$ _____
Site Inspection Fee: \$ _____
Plumbing Fee: \$ _____
Mechanical Fee: \$ _____
SE/WA Fee: \$ _____
S.E.C. Fee: \$ _____
Other: \$ _____

Park Ded: \$ _____
SAC Charge: \$ _____
WAC Charge: \$ _____
Sewer Hook-Up: \$ _____
Water Hook-Up: \$ _____
Water Meter: \$ _____
Sewer Trunk: \$ _____
Water Trunk: \$ _____
City Fee: \$ _____
Other: \$ _____

Paid _____

Receipt No. _____

TOTAL DUE: \$ _____

Date _____

By _____

BUILDING OFFICIAL APPROVAL BY: _____

DATE: _____

ZONING ADMINISTRATOR: _____

DATE: _____

MECHANICAL INFORMATION

MECHANICAL PERMIT #	
State Bond No.	Gas Fitters License No.

MECHANICAL CONTRACTOR	Name / Address / City / State / Zip / Daytime Telephone	ESTIMATED VALUE
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<p>WARM AIR UNDERGROUND DUCT SYSTEM: Yes No</p> <p>Gravity _____ Forced _____</p> <p>Input B.T.U. _____ Output B.T.U. _____</p>	<p style="text-align: center;">AIR CONDITIONING SYSTEM</p> <p>Tons _____ CFM _____ Ductwork _____</p>
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VENTILATION / AIR EXCHANGE	
<p style="text-align: center;"><u>Exhaust Only</u></p> <p>No. of Fans _____ Size _____ Type _____</p> <p>C.F.M. Del _____ Static Pressure _____</p>	<p style="text-align: center;"><u>Air Exchange Unit</u></p> <p>Type-Mixing Box _____</p> <p>Heat Recovery Ventilation _____</p> <p>Recovery Efficiency _____ Net Air Flows _____</p> <p>Where ventilation is used/located _____</p>

<p style="text-align: center;">WET HEAT</p> <p>Baseboard _____ In-Floor (Wirsbo) _____</p> <p>Steam _____ Hot Water _____</p> <p>Gross Sq. Ft. _____ Input B.T.U. _____</p> <p style="padding-left: 40px;">New Replacement Addition</p>	<p style="text-align: center;">GAS FITTING PERMITS</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Dryer</td> <td style="width: 33%;">Water Heater</td> <td style="width: 33%;">Furnace</td> </tr> <tr> <td>Gas Log</td> <td>Unit Heater</td> <td>Fireplace</td> </tr> <tr> <td>Stove</td> <td>Grill</td> <td>Other _____</td> </tr> </table>	Dryer	Water Heater	Furnace	Gas Log	Unit Heater	Fireplace	Stove	Grill	Other _____
Dryer	Water Heater	Furnace								
Gas Log	Unit Heater	Fireplace								
Stove	Grill	Other _____								

<p>Office Use Only:</p> <div style="background-color: #cccccc; height: 100px;"></div>	<p style="text-align: center;">Mechanical or Plumbing Comments:</p> <div style="height: 100px;"></div>
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PLUMBING INFORMATION

PLUMBING PERMIT#	
State Bond No.	State Plumbers License No.

PLUMBING CONTRACTOR	Name / Address / City / State / Zip / Daytime Telephone	ESTIMATED VALUE
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CLASS OF WORK:	New	Addition	Alteration	Repair
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Indicate Items Below:

_____ Water Closet (Toilet)	_____ Bathtub	_____ Floor Sink or Drain
_____ Lavatory (Wash Basin)	_____ Shower	_____ Piping/Treating Equipment
_____ Kitchen Sink & Disp.	_____ Dishwasher	_____ Catch Basin
_____ Laundry Tray	_____ Clothes Washer	_____ Vacuum Breakers
_____ Water Heater	_____ Water Softener	_____ Lawn Sprinkler System
_____ Urinal	_____ Drinking Fountain	_____ Roof Leader-Rainwater
_____ Rough-in Future Fixture	_____ Sump	_____ Septic Tank & Drain Field
_____ Misc. Fixtures		