



201 South Broadway  
Spring Valley, MN 55975  
507.346.7367  
SAFEBUILT: 952.442.7520

Office Use Only

PERMIT NUMBERS  
PRIMARY: \_\_\_\_\_  
MECHANICAL: \_\_\_\_\_  
PLUMBING: \_\_\_\_\_

TYPE: ☐ Commercial ☐ Residential ☐ Educational/Institutional/State-Licensed

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Accessory Structure <=200 SF | <input type="checkbox"/> Fire Suppression                     | <input type="checkbox"/> Modular Home                    | <input type="checkbox"/> Repair/Remodel/Alteration |
| <input type="checkbox"/> Addition                     | <input type="checkbox"/> Fire Suppression (Type I Hood)       | <input type="checkbox"/> Moved-In Structure              | <input type="checkbox"/> Re-Roof                   |
| <input type="checkbox"/> Basement Finish              | <input type="checkbox"/> Fuel Tank/Pump Install/Remove        | <input type="checkbox"/> New Garage/Accessory Structure  | <input type="checkbox"/> Re-Side                   |
| <input type="checkbox"/> Change of Occupancy          | <input type="checkbox"/> Foundation Repair/Drainline          | <input type="checkbox"/> New Home/Townhome               | <input type="checkbox"/> Retaining Wall <=4'       |
| <input type="checkbox"/> Deck/Porch (residential)     | <input type="checkbox"/> Garage O/H door replacement          | <input type="checkbox"/> New Multi-Family                | <input type="checkbox"/> Re-Window/Exterior Door   |
| <input type="checkbox"/> Demolition                   | <input type="checkbox"/> Gas line only (provide detail below) | <input type="checkbox"/> New Commercial Bldg             | <input type="checkbox"/> Solar                     |
| <input type="checkbox"/> Fence <=7' high              | <input type="checkbox"/> Manufactured Home                    | <input type="checkbox"/> New Structure (other)           | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Fire Alarm                   | <input type="checkbox"/> Mechanical (provide detail below)    | <input type="checkbox"/> Plumbing (provide detail below) |  |

DETAILED DESCRIPTION OF WORK:

ESTIMATED VALUATION OF WORK:

Applicant is: ☐ Owner OR ☐ Contractor

Applicant Name:

E-Mail:

Phone:

JOB SITE:

PID:

street address

city/state/zip

(parcel ID)

PROPERTY OWNER:

Address:

☐ same as Job Site address

Phone:

Email:

(City/State/Zip)

CONTRACTOR:

Address:

Phone:

Email:

(City/State/Zip)

Contractor License No:

Contact Name:

Phone:

ARCHITECT:

Address:

Phone:

Email:

(City/State/Zip)

- 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 -

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:

### MECHANICAL INFORMATION

CONTRACTOR:

Address:

Phone:

Email:

(City/State/Zip)

Mechanical Bond No:

Contact Name:

Phone:

Indicate appliances and gas lines you will be installing or replacing (include count for each type):

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

#### MECHANICAL APPLIANCES

Quantity

Quantity

Quantity

#### GAS LINES

Quantity

\_\_\_\_ Furnace

\_\_\_\_ Kitchen Fan

\_\_\_\_ Furnace

\_\_\_\_ Dryer

\_\_\_\_ Air Conditioning System

\_\_\_\_ Bath Fan

\_\_\_\_ Fireplace

\_\_\_\_ Stove

\_\_\_\_ Air Exchanger

\_\_\_\_ Grill

\_\_\_\_ Unit Heater

\_\_\_\_

\_\_\_\_ Fireplace

\_\_\_\_ Unit Heater

\_\_\_\_ Water Heater

\_\_\_\_

\_\_\_\_ In Floor Heat

\_\_\_\_ Gas Log

\_\_\_\_ Grill

\_\_\_\_

### PLUMBING INFORMATION

CONTRACTOR:

Address:

Phone:

Email:

(City/State/Zip)

Plg Contractor License No:

Contact Name:

Phone:

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

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

Quantity

Quantity

Quantity

Quantity

\_\_\_\_ Water Heater

\_\_\_\_ Shower

\_\_\_\_ Laundry Tub

\_\_\_\_ Lawn Sprinkler System

☐ Gas ☐ Electric

\_\_\_\_ Bathtub

\_\_\_\_ Rough-In Future Fixture

\_\_\_\_ Hose Bib

\_\_\_\_ Water Softener

\_\_\_\_ Dishwasher

\_\_\_\_ Sump

\_\_\_\_ Kitchen Sink

\_\_\_\_ Water Closet (Toilet)

\_\_\_\_ Clothes Washer

\_\_\_\_ Water Piping System

\_\_\_\_

\_\_\_\_ Lavatory (Wash Basin)

\_\_\_\_ Ice Maker Line

\_\_\_\_ Floor Drain

\_\_\_\_