



# PROPERTY INFORMATION SHEET

*For Residential Accessory Structures, Building Additions, Decks/Porches and Pools*

This Property Information sheet is used so you, as the applicant, are aware of the requirements for the property being reviewed and to more efficiently review your application. This sheet shall be completed and submitted in conjunction with all other requirements for a building permit. If it is not, the review will be place on hold.

*Please contact the Planning Department (763.635.1000) to obtain any of this information.*

**Street Address:** \_\_\_\_\_ **Acreage of Property:** \_\_\_\_\_

For Sheds, Garages, Building Additions, Decks/Porches and Pools:

**Required Setbacks\***

Front: \_\_\_\_\_-feet

Side: \_\_\_\_\_-feet

Garage Side: \_\_\_\_\_-feet

Rear: \_\_\_\_\_-feet

**Proposed Setbacks\***

Front: \_\_\_\_\_-feet

Side: \_\_\_\_\_-feet

Garage Side: \_\_\_\_\_-feet

Rear: \_\_\_\_\_-feet

*Proposed setbacks cannot be less than the required setbacks*

*\*Setbacks are from property lines, not from street/curb edges*

For Sheds and Garages only:

**Total Allowed Square Footage** \_\_\_\_\_

*Contact Planning 763.635.1000*

**Total Proposed Square Footage** \_\_\_\_\_

*Cannot be larger than the allowed square footage*

**Total number of sheds/garages** \_\_\_\_\_

*Typically, only two are allowed*

*If a copy of your survey is not available, please draw the site plan in this location.*

Permit #: \_\_\_\_\_

*For Office Use Only*

## RESIDENTIAL SITE PLAN CHECKLIST

*For Accessory Structures, Building Additions, Decks/Porches and Pools*

Drawings shall be on an existing survey if available. Contact the Building Department at 763.635.1060 to inquire if your property has a survey on file. If this checklist is not signed/initialed or any of the required information is missing, the permit will be put on hold until the applicant provides all the required information.

### Required on the Site Plan:

- North Arrow
- Dimensions to proposed project from all property lines (**not street/curb edges**)\*
- Label all adjacent streets
- Location of driveway(s)
- Easements on property (**no structures are allowed in easements**)
- Square footage of all existing garages/sheds (*if applicable*)
- Well, septic tank and drain field locations (*if applicable*)
- All ponds, wetlands, lakes, rivers, creeks, ordinary high water elevations and Wild & Scenic setback requirements (*if applicable*)
- Location of retaining walls (*if applicable*)

\*Typically corners of a property are marked with metal stakes that are approximately 16"-18" below grade. These stakes might be found with a metal detector. If corner stakes cannot be found or location of property lines is unknown, the property owner should contact a land surveyor to properly locate the corner stakes and property lines.

### POOLS

\_\_\_\_\_ Initial if you are installing a pool. Fencing shall be installed prior to filling the pool, as required by the Elk River City Ordinance, Section 30-796. *If this is not initialed, you will be contacted to do so before the permit will be reviewed.*

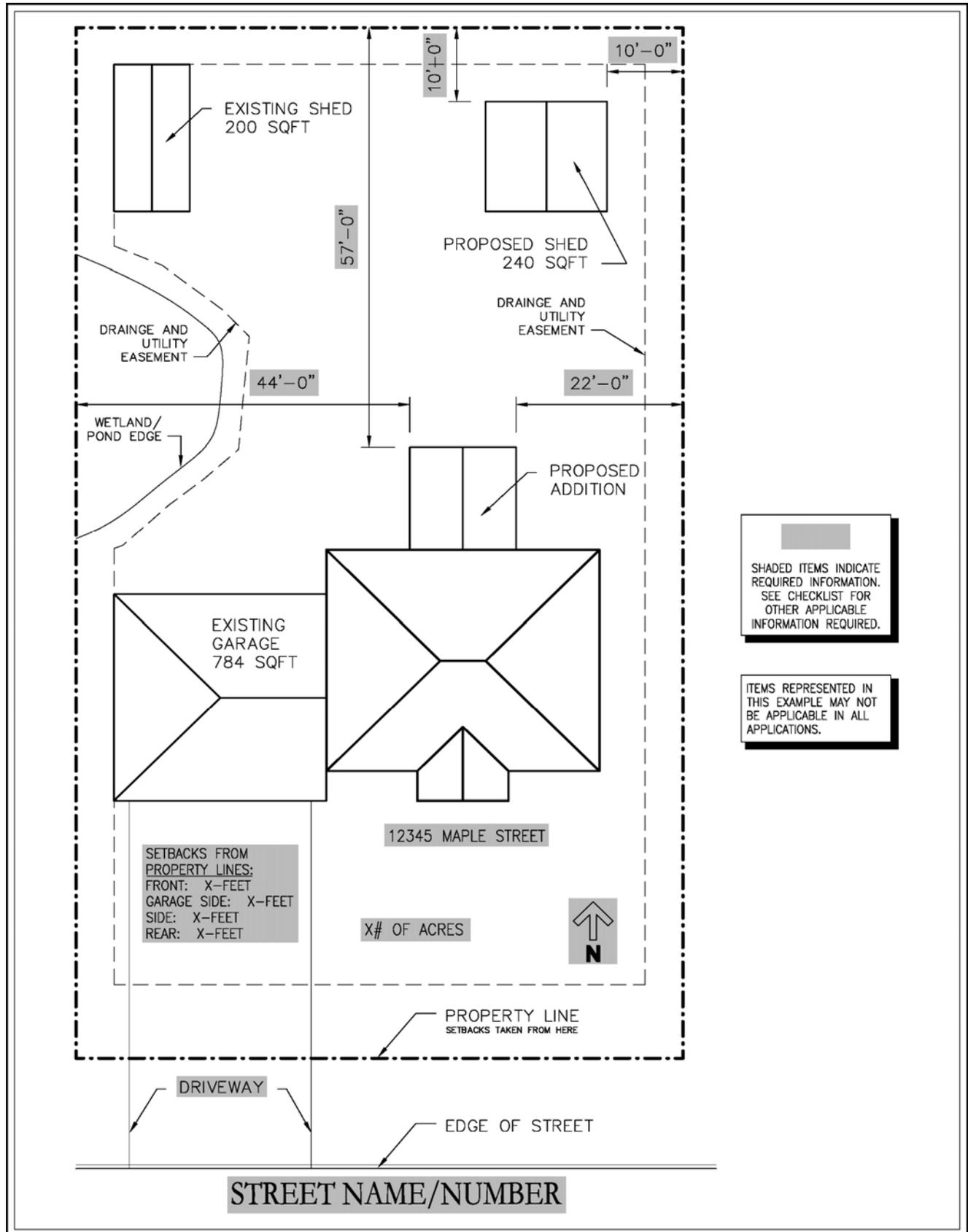
I understand that providing false information or omitting relevant information in this building permit application may result in denial of the application. I have provided the above information and understand that I am solely responsible for any and all information submitted with this building permit application and declare that all information is correct as shown.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_  
*(to be used to contact applicant if any information is missing)*

# SAMPLE SITE PLAN

(does not need to be a computer drawing)



Permit # \_\_\_\_\_

Date: \_\_\_\_\_

**ADDITION MECHANICAL PERMIT APPLICATION**

Site Address: \_\_\_\_\_ Suite/Unit \_\_\_\_\_

The Applicant is: Owner  Contractor  Other

**Property Owner**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

**Contractor**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Mechanical Bond \_\_\_\_\_

**Engineer**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Reg# \_\_\_\_\_

<b>Use Type</b>			
Single Family <input type="checkbox"/>	Townhouse <input type="checkbox"/>	Commercial/Industrial <input type="checkbox"/>	
Multi-Family <input type="checkbox"/>	Institutional <input type="checkbox"/>	Other (O) <input type="checkbox"/>	_____

New <input type="checkbox"/>	Addition (ADD) <input type="checkbox"/>	Alter (ALT) <input type="checkbox"/>	Repair (REP) <input type="checkbox"/>	Other (O) <input type="checkbox"/>
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PLEASE COMPLETE OTHER SIDE OF APPLICATION

\*\* SEPARATE PERMITS ARE REQUIRED FOR BUILDING, ELECTRIC, OR PLUMBING \*\*

Detailed description of work: \_\_\_\_\_  
 \_\_\_\_\_

Please check all boxes that apply!

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> A/C                  | <input type="checkbox"/> Class II Hood  | <input type="checkbox"/> Fireplace           | <input type="checkbox"/> Radiant Heater |
| <input type="checkbox"/> Boiler               | <input type="checkbox"/> Combustion Air | <input type="checkbox"/> Furnace             | <input type="checkbox"/> Refrigeration  |
| <input type="checkbox"/> Air to Air exchanger | <input type="checkbox"/> Dryer Venting  | <input type="checkbox"/> Heat Pump Appliance | <input type="checkbox"/> Solar          |
| <input type="checkbox"/> Class 1 Hood         | <input type="checkbox"/> Duct work      | <input type="checkbox"/> Pool Heater         | <input type="checkbox"/> Unit Heater    |
- Other \_\_\_\_\_

Fill in the appropriate boxes below:

Make	Model #	Heat Loss/Gain	Fuel	Flue Diameter	Input (BTU)	CFM	Tons	Hp

### GAS PIPING

Please check all boxes that apply!

- |                                 |                                    |                                   |                                      |
|---------------------------------|------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Boiler | <input type="checkbox"/> Fireplace | <input type="checkbox"/> Gas Main | <input type="checkbox"/> Unit Heater |
| <input type="checkbox"/> Dryer  | <input type="checkbox"/> Furnace   | <input type="checkbox"/> Range    | <input type="checkbox"/> Other _____ |

If gas piping will be done by others indicate: Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Which appliances \_\_\_\_\_

State Mechanical Bond # \_\_\_\_\_  Please check if on file

All Fees are based on valuation, including cost of labor and materials.  
 The minimum fee is \$45.00 + state surcharge. **TOTAL JOB VALUATION: \$** \_\_\_\_\_

PERMIT FEE \$ \_\_\_\_\_ (1 1/2% of Total Job Valuation – minimum of \$45.00)

SURCHARGE \$ \_\_\_\_\_ (.0005 x Total Job Valuation – minimum \$.50)

**TOTAL DUE** \$ \_\_\_\_\_ (make checks payable to: City of Elk River)

### This is an application for a permit – it is not valid until processed

*I hereby apply for a mechanical permit, and i acknowledge that the information above is complete and accurate; that i understand this is not a permit and work is not to start without a permit.*

*I understand and hereby agree that the work for which the permit issued shall be performed according to; (1) the conditions of the permit; (2) the approved plans and specifications; (3) the applicable city approvals, ordinances, and codes; and, (4) the state building/mechanical codes and regulations.*

*I understand that the permit will expire, and become null and void if work is not started within 180 days, or if work is suspended or abandoned for a period of 180 days anytime after work has commenced; and, that i am responsible for ensuring that all required inspections are requested in conformance with the state building code.*

Name of applicant \_\_\_\_\_ Date: \_\_\_\_\_  
*Please type or print*

Signature of applicant \_\_\_\_\_

Permit # \_\_\_\_\_

Date: \_\_\_\_\_

**ADDITION PLUMBING PERMIT APPLICATION**

Site Address: \_\_\_\_\_ Suite/Unit \_\_\_\_\_

The Applicant is: Owner  Contractor  Other

**Property Owner**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

**Contractor**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Mechanical Bond \_\_\_\_\_

**Engineer**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Reg# \_\_\_\_\_

<b>Use Type</b>			
Single Family <input type="checkbox"/>	Townhouse <input type="checkbox"/>	Commercial/Industrial <input type="checkbox"/>	
Multi-Family <input type="checkbox"/>	Institutional <input type="checkbox"/>	Other (O) <input type="checkbox"/>	_____

New <input type="checkbox"/>	Addition (ADD) <input type="checkbox"/>	Alter (ALT) <input type="checkbox"/>	Repair (REP) <input type="checkbox"/>	Other (O) <input type="checkbox"/>
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PLEASE COMPLETE OTHER SIDE OF APPLICATION

\*\* SEPARATE PERMITS ARE REQUIRED FOR BUILDING, ELECTRIC, OR PLUMBING \*\*

Detailed description of work: \_\_\_\_\_  
\_\_\_\_\_

Fixtures: (Indicate total number of each):

___ Bathtub	___ Lavatory (R.I)	___ Swim Pool
___ Clothes Washer	___ Lavatory	___ Tub Shower (R.I)
___ Dishwasher	___ RPZ Valve	___ Urinal
___ Drinking Fountain	___ Roof Drains	___ Vac Breaker
___ Floor Drain	___ Sewage Pump	___ Water Closet
___ Flammable Waste Tank	___ Slop Sink	___ Water Closet (R.I)
___ Grease Trap	___ Shower	___ Water Heater
___ Kitchen Sink/Disposal	___ Standpipe/Wash box	___ Water Meter
___ Laundry Tray	___ Sump Pump	___ Water Softener
___ Other (describe) _____		

If gas water heater, indicate who will be doing the gas piping: \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

State Mechanical Bond # \_\_\_\_\_

Please check if on file

All Fees are based on valuation, including cost of labor and materials.  
The minimum fee is \$45.00 + state surcharge.

**TOTAL JOB VALUATION: \$** \_\_\_\_\_

PERMIT FEE \$ \_\_\_\_\_ (1 1/2% of Total Job Valuation – minimum of \$45.00)

SURCHARGE \$ \_\_\_\_\_ (.0005 x Total Job Valuation – minimum \$.50)

**TOTAL DUE** \$ \_\_\_\_\_ (make checks payable to: City of Elk River)

**This is an application for a permit – it is not valid until processed**

*I hereby apply for a plumbing permit, and i acknowledge that the information above is complete and accurate; that i understand this is not a permit and work is not to start without a permit.*

*I understand and hereby agree that the work for which the permit issued shall be performed according to; (1) the conditions of the permit; (2) the approved plans and specifications; (3) the applicable city approvals, ordinances, and codes; and, (4) the state building/plumbing codes and regulations.*

*I understand that the permit will expire, and become null and void if work is not started within 180 days, or if work is suspended or abandoned for a period of 180 days anytime after work has commenced; and, that i am responsible for ensuring that all required inspections are requested in conformance with the state building code.*

Name of applicant \_\_\_\_\_ Date: \_\_\_\_\_  
*Please type or print*

Signature of applicant \_\_\_\_\_