

City of Elk River

Fire and Building Safety Division (FABS)

BASEMENT

Building Permit Application

Office Use Only

Notes ___ Scan

Permit Total

Date _____ Permit # _____ PID # _____ \$ _____

Site Address _____ Suite/Unit _____

Structure Type Single Family Townhouse Multi-family

Construction Type New Remodel

The Applicant Is Owner Contractor Other _____

Property Owner

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Contractor

Name _____ License/Bond _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ (Print Clearly)

Fax # _____ Email _____

Call for credit card payment Email permit/receipt (All permits with plans will need to be picked up)

Describe Work _____

Total Job Valuation \$ _____

- Separate permits are required for electrical, plumbing, heating, ventilating or air conditioning, fire sprinkler and fire alarms.
- 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 is 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..

Signature of Contractor/Responsible Party

Print Name

Date

Inspector Use Only

Approved to issue by _____ Date: _____

Called or L/M Date: _____ Int. _____

BASEMENT FINISH

This handout is written only as a guide; it is not intended, nor shall it be considered a complete set of requirements.

Required Permits:

1. A building permit to complete the structural work
2. Electrical permit
3. Plumbing permit if plumbing work is performed
4. HVAC permit if heating work is performed.

Plan Requirements: Two copies of plans indicating use of each room, locations of exterior and interior walls, doors and windows, smoke detectors, and furnace and water heaters.

General Code Requirements:

1. Bottom plates of proposed walls shall be treated.
2. Enclosed closets under stairs must be entirely finished with gypsum board.
3. A smoke detector must be installed on each level of the home. If there are bedrooms, the smoke detectors shall also be installed in the bedrooms.
4. Each bedroom shall be provided with an escape window having:
 - a minimum net clear openable area of 5.7 sq. ft.
 - a minimum net clear opening height dimension of 24"
 - a minimum net clear opening width dimension of 20"
 - a finished sill height of not more than 44"
5. Each water closet may not have a flush volume of more than 1.6 gallons and shall be located in a clear space not less than 30" in width and have a clear space in front of the water closet of not less than 24".
6. Dissimilar materials must not be attached directly to each other, i.e., PVC must not be glued to ABS waste and vent.
7. An approved anti-scald (thermostatic or pressure-balancing type) faucet must be installed in new shower or shower/bath installations.
8. Each bathroom shall be provided with an openable window or powered exhaust fan venting to the outside.
9. Furnace shall have an unobstructed working space of not less than 30" in front and shall be provided with outside combustion air. Furnaces may not be accessed through, or located in a bedroom.
10. Compression fittings are not approved in gas piping applications. No concealed flared or union gas fittings are allowed.
11. An equal number of return air and supply air shall be attained.

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BASMENT MECHANICAL

Permit Application

Office Use Only

Notes - Scan

Permit Total

Date _____ Permit # _____ PID # _____ \$ 16

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Site Address _____ Suite/Unit _____

Structure Type Single Family Multi-family Townhouse

Construction Type New Remodel

The Applicant Is Owner Contractor Other _____

Property Owner

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Contractor

Name _____ License/Bond _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ (Print Clearly)

Fax # _____ Email _____

Call for credit card payment Email permit/receipt (All permits with plans will need to be picked up)

Architect / Engineer

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____

Please complete other side of application

Inspector Use Only

Approved for issued by: _____ Date: _____

Hard Card or Soft Card - Soft card reference permit # _____

Called or L/M Date: _____ Int. _____

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 |
| <input type="checkbox"/> Other _____ | | | |

Fill all 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 # _____

Total Job Valuation including cost of labor and materials \$ _____

Permit Fee \$15

Surcharge \$ 1

Total Due \$16 (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 any time 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 (please type or print) _____ Date _____

Signature of applicant _____

City of Elk River

Fire and Building Safety Division (FABS)

BASEMENT PLUMBING

Permit Application

Office Use Only

Notes - Scan

Permit Total

Date _____ Permit # _____ PID # _____ \$ 16

Site Address _____ Suite/Unit _____

Structure Type Single Family Multi-family Townhouse

Construction Type New Remodel

The Applicant Is Owner Contractor Other _____

Property Owner

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Contractor

Name _____ License/Bond _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ (Print Clearly)

Fax # _____ Email _____

Call for credit card payment Email permit/receipt (All permits with plans will need to be picked up)

Architect / Engineer

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____

Please complete other side of application

Inspector Use Only

Approved for issued by: _____ Date: _____

Hard Card or Soft Card - Soft card reference permit # _____

Called or L/M Date: _____ Int. _____

Detailed description of work

Fixtures: (Indicate total number of each):

<input type="checkbox"/> Bathtub	<input type="checkbox"/> Lavatory (R.I)	<input type="checkbox"/> Swim Pool
<input type="checkbox"/> Clothes Washer	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Tub Shower (R.I)
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> RPZ Valve (Prior Approval Req'd)	<input type="checkbox"/> Urinal
<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Roof Drains	<input type="checkbox"/> Vac Breaker
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Sewage Pump	<input type="checkbox"/> Water Closet
<input type="checkbox"/> Flammable Waste Tank	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Water Closet (R.I)
<input type="checkbox"/> Grease Trap	<input type="checkbox"/> Shower	<input type="checkbox"/> Water Heater
<input type="checkbox"/> Kitchen Sink/Disposal	<input type="checkbox"/> Standpipe/Wash box	<input type="checkbox"/> Water Meter
<input type="checkbox"/> Laundry Tray	<input type="checkbox"/> Sump Pump	<input type="checkbox"/> Water Softener
<input type="checkbox"/> Other (describe) _____		

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

Name _____

Address _____ Phone _____

State Mechanical Bond # _____

Total Job Valuation including cost of labor and materials \$ _____

Permit Fee \$15

Surcharge \$ 1

Total Due \$16 (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 any time 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 (please type or print) _____ Date _____

Signature of applicant _____