

BUILDING PERMIT APPLICATION INFORMATIONAL SHEET

1. Building permits are required for any construction, erection, enlargement, alteration, remodeling, repair, maintenance, moving, demolition, or conversion of occupancy of any building within the City of Sandstone. Starting work without a permit allows that an investigation fee shall be collected and is in addition to the required permit fee, this investigation fee is equal to the permit fee.
2. All applications are subject to a permit fee; a plan review fee of 50% for residential or 65% for commercial of the permit fee and a State Surcharge fee of .0005 times the project value.
3.
4. Maintenance work on owner occupied one and two family dwellings and their accessory structures will be charged a \$39.00 permit fee and a \$1.00 state surcharge per each maintenance item. Maintenance items are re-roofing, residing, soffit and fascia, window and door replacement, water heater, heat plant and air conditioning installation and replacement.
5. All permit applications must be accompanied by two sets of plans drawn to scale, including: <ul style="list-style-type: none">A. Footing/foundation planB. Floor planC. Sectional drawing (footing through roof system)D. Front elevationE. Minimum of one other elevation, especially where there are special architectural features.F. Plot plan, showing set backs from property lines and other structures on the same property.G. Residential: Energy Code worksheets and RES CHECK. Commercial: Heat loss calculationsH. Heating planI. Plumbing planJ. Details of special architectural and structural design.K. Certified roof and floor truss design to be on site at framing inspection. (Truss packet to be on site at rough framing inspection)
6. Application packet must be submitted a minimum of five days before work is scheduled to begin. Commercial projects may require more time.
7. Most commercial projects will require a Minnesota registered architect and engineer. Check with the Building Official for small project exemptions.
8. Frost footing depth is required to be five feet (60") below finished grade.

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9. Snow load requirement for Commercial projects will be calculated from a 60 lbs. per sq. ft ground snow load. All other projects shall have a roof snow load of 42 lbs. per sq. ft.
10. Egress windows are required in each sleeping room. This upgrade must also take place when remodeling or replacing windows. Egress windows shall have a minimum net clear openable area of 5.7 sq. ft. The minimum net clear openable height dimension shall be 24 inches. The net clear openable width shall be 20 inches. *When windows are provided as a means of escape or rescue, they shall have a finished sill height not more than 44 inches above the floor.
11. Inspection card must be posted in a weather tight bag on a flat surface.
12. Request for a required inspection must be made a minimum of one day in advance. Refer to inspection card for each required inspection.
13. The Building Official may stop work on any project not complying with code.
14. No building may be occupied until a Certificate of Occupancy has been issued.
The issuance of a permit and the inspection conducted does not constitute any sort of guarantee from the city that the structure is in perfect compliance with the state building code. A homeowner may procure the services of a private inspector if they desire additional protection.
For additional information contact: Richard Drotning 320-245-5241 or 1-320-279-1841

City of Sandstone
 119 Fourth Street
 Box 641
 Sandstone MN 55072
 320-245-5241 (Fax) 320-245-5502

Building Permit Application

1) SITE INFORMATION									
Project Address: Include Building or Suite No. Project address					Date Applied			Permit No. (City Use Only)	
Lot No.	Block No.	Subdivision Name			Parcel No. (Required) R 45. _____			Valuation	\$
Owner Name					New Use			Permit Fee	\$
								Surcharge	\$
Mailing Address of Owner					Existing Use			WAC	\$
								SAC	\$
City		State		Zip	Telephone			Other	\$
								Total Fee	\$
2) PROJECT DESCRIPTION									
Description of Work							Construction Value		
First Floor Area			Second Floor Area		Basement Area		Finish Basement Area	Code	
Garage Area			Deck Area		Porch/Covered Patio Areas		Other Areas (Describe)	Type of Construction	
Total Building Area			Total Lot Area		No. of Baths		No. of Bedrooms	Occupancy Type	
Plumbing Contractor					Plumber Phone #		No. of Fireplaces		Sprinklers
Heating Contractor					Heating Phone #		Start Date		Project Code
Architect / Designer					Architect / Designer Phone #		Est. completion Date		
3) CONTRACTOR INFORMATION									
Contractor Name									
Address				City		State	Zip	Telephone	
Licensed Contractor's Declaration: I hereby affirm that I am licensed under provisions of Minnesota Statute 326.84. BC Lic # _____									
Signature				Title			Date		
4) OWNER/BUILDER DECLARATION									
I hereby affirm that I am exempt from the State Contractor's License Law; I am building or improving my property by myself. I claim to be exempt from the State License requirements because I am not in the business of building on speculation or for resale and this is the first residential structure that I have built or improved in the past 24 months. (Owner / Builder must also file "Property Owner Waiver" if the contractor's license number is not listed on this application.)									
Signature				Print Name			Date		
5) APPLICANTS SIGNATURE (Check One) <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Authorized Agent									
I hereby certify that I have read this application and state that the above information is correct and that I am the owner or the duly authorized agent of the owner. I agree all work will comply with all ordinances and codes of the City, the State of Minnesota and rulings of the building department. I hereby authorize representatives of the City to enter upon the above-mentioned property for inspection purposes. I understand the issuance of a permit and the inspections conducted does not constitute any sort of guarantee from the city that the structure is in perfect compliance with the State Building Code. A homeowner may procure the services of a private inspector if they desire additional protection.									
Signature				Print Name			Date		
Office use only									
Approved By:							Date		

Permit Number: _____

Parcel Number: _____

Property Owner Waiver

Minnesota State Contractor Licensing Requirements

The purpose of this form is to have property owners acknowledge their responsibilities to the Minnesota State Building Code, to Zoning Ordinances, and to other applicable rules and regulations when they are acting as general contractor in building projects.

I understand that the State of Minnesota requires that all Residential Building Contractors, Remodelers, and Roofers, obtain a State License unless they qualify for a specific exemption from the licensing requirements. By signing this waiver, I attest to the fact that I am building or improving my property by myself. I claim to be exempt from the State License requirements because I am not in the business of building on speculation or for resale and this is the first residential structure that I have built or improved in the past 24 months.

I 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 Minnesota State Statute 514.01.

I acknowledge that I may be hiring independent contractors to perform certain aspects of the construction or improvement of this property. 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 Minnesota State Statute 326.92, subdivision 1, and that I forfeit my rights to reimbursement from the Contractor's Recovery Fund in the event that any contractors that I hire are unlicensed.

I also acknowledge that as the contractor on this project, I am solely and personally responsible for any violations of the State Building Code and/or jurisdictional Ordinance in connection with the work performed on this property.

Signature or Property Owner

Project Address

Date

Please return this signed waiver with the Building Permit Application.

To determine whether a particular contractor is required to be licensed, or to check on the licensing status of an individual contractor, call the Minnesota Department of Commerce, Enforcement Division at 651/296-2594, or toll-free at 1-800/657-3602.

New Construction Energy Code Compliance Certificate

Per R401.3 Certificate. A building certificate shall be posted on or in the electrical distribution panel.

Date Certificate Post



Mailing Address of the Dwelling or Dwelling Unit	City
Name of Residential Contractor	MN License Number

THERMAL ENVELOPE								RADON CONTROL SYSTEM	
Insulation Location	Total R-Value of all Types of Insulation	Type: Check All That Apply						Passive (No Fan)	
		Non or Not Applicable	Fiberglass, Blown	Fiberglass, Batts	Foam, Closed Cell	Foam Open Cell	Mineral Fiberboard	Rigid, Extruded Polystyrene	Rigid, Isocyanurate
Below Entire Slab									Location (or future location) of Fan:
Foundation Wall									Other Please Describe Here
Perimeter of Slab on Grade									
Rim Joist (1st Floor)									
Rim Joist (2nd Floor+)									
Wall									
Ceiling, flat									
Ceiling, vaulted									
Bay Windows or cantilevered areas									
Floors over unconditioned area									
Describe other insulated areas									

Building envelope air tightness:	Duct system air tightness:
Windows & Doors	Heating or Cooling Ducts Outside Conditioned Spaces
Average U-Factor (excludes skylights and one door) U:	Not applicable, all ducts located in conditioned space
Solar Heat Gain Coefficient (SHGC):	R-value

MECHANICAL SYSTEMS						Make-up Air <i>Select a Type</i>	
Appliances	Heating System		Domestic Water Heater		Cooling System		Not required per mech. code
Fuel Type							Passive
Manufacturer							Powered
Model							Interlocked with exhaust device. Describe:
Rating or Size	Input in BTUS:		Capacity in Gallons:		Output in Tons:		Other, describe:
Efficiency	AFUE or HSPF%				SEER /EER		Location of duct or system:
Residential Load Calculation	Heating Loss		Heating Gain		Cooling Load		
							Cfm's
						" round duct OR	
						" metal duct	

MECHANICAL VENTILATION SYSTEM						Combustion Air <i>Select a Type</i>	
Describe any additional or combined heating or cooling systems if installed: (e.g. two furnaces or air source heat pump with gas back-up furnace):						Not required per mech. code	
<i>Select Type</i>						Passive	
Heat Recover Ventilator (HRV) Capacity in cfm's: Low: High:						Other, describe:	
Energy Recover Ventilator (ERV) Capacity in cfm's: Low: High:						Location of duct or system:	
Balanced Ventilation capacity in cfm's:						Cfm's	
Location of fan(s), describe:						" round duct OR	
Capacity continuous ventilation rate in cfm's:						" metal duct	
Total ventilation (intermittent + continuous) rate in cfm's:							

CITY OF SANDSTONE
INSPECTION DEPARTMENT

Please submit the information checked below so that we may process your Building Permit.

- Footing/foundation plan
- Floor plan
- Sectional drawing (footing through roof system)
- Front elevation
- A minimum of one other elevation, especially where there are special architectural features.
- Plot plan, showing set backs from property lines and other structures on the same property.
- Residential: Energy Code worksheets and RES CHECK.
- Commercial: Heat loss calculations
- Heating plan
- Plumbing plan
- Details of special architectural and structural design.
- Certified roof and floor truss design to be on site at framing inspection.
- Please submit completed Property Owner Waiver.

Thank for your prompt attention to this matter.

Richard Drotning
Building Official
1-320-245-5241 or 1-320-279-1841