



City of Belle Plaine
 218 N. Meridian Street
 P.O. Box 129
 Belle Plaine, MN 56011

Inspection Department
 Building Official, Jim Tiegs
Phone: 952-873-5553
 Email permits to: permitting@belleplainemn.gov

FINISHED BASEMENT PERMIT APPLICATION

Finished Basement Permit:

Plumbing Permit:
 Mechanical Permit:

SITE	ADDRESS:	P.I.N.:
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OWNER NAME: <small>(Address if different than Site Address)</small>	Phone: Email:
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STRUCTURE USE: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	WORK CLASSIFICATION: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Replacement
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SECONDARY PERMIT: Plumbing* Mechanical* *Complete page two of application.

<input type="checkbox"/> HOMEOWNER <input type="checkbox"/> CONTRACTOR	CONTRACTOR: Contact: Address: City, State, Zip:	License: Phone: Email:
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WORK DESCRIPTION:	Estimated Value: \$ <small>(Labor & material)</small>
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Signature of this application by the legal property owner or a licensed contractor, as the owner's representative is required and authorizes the City of Belle Plaine Zoning Administrator or designee and the City of Belle Plaine Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice. Permit expires when building and work is not commenced within **180 days** from the date of Permit issued, or if building and work suspended, abandoned or not inspected for 180 days.

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.

Signature of Applicant: _____ **Date:** _____

OFFICE USE ONLY

Date Received:	Permit Valuation:
Zoning Class:	Type of Const: <input type="checkbox"/> VB <input type="checkbox"/> Other
Structure Height:	Occupancy Type:
Code Used: <input type="checkbox"/> IRC <input type="checkbox"/> IBC <input type="checkbox"/> Other	Sprinkled Bldg: <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:

FEES

<u>Building Permit Fees</u>	<u>Subtotals</u>	<u>Transaction</u>
Permit Fee: \$	Plumbing Permit Total: \$	Form of Payment:
Plan Review Fee: \$	Mechanical Permit Total: \$	
State Surcharge: \$	City Fees Total: \$	Date Issued:
Other: \$	Building Permit Total: \$	Transaction Number:
Total: \$	Total Due: \$	Issued By:

Building Official or Designee:	Date:
Zoning Administrator or Designee:	Date:

City of Belle Plaine **Inspection Department**
 218 N. Meridian Street Building Official, Jim Tiegs
 P.O. Box 129 **Phone:** 952-873-5655
 Belle Plaine, MN 56011
 Email permits to: permitting@belleplainemn.gov

PLUMBING PERMIT APPLICATION	Plumbing Permit: <input type="checkbox"/> Finished Basement Permit:
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STRUCTURE USE: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	WORK CLASSIFICATION: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Replacement
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<input type="checkbox"/> HOMEOWNER	CONTRACTOR: Contact: Address: City, State, Zip:	License:
<input type="checkbox"/> CONTRACTOR		Phone:
		Email:

WORK DESCRIPTION:	Estimated Value \$ (Labor & Materials)
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FIXTURES PROPOSED:

<input type="checkbox"/> Backflow Preventer	<input type="checkbox"/> Lawn Sprinkler System	<input type="checkbox"/> Water Closet (<i>Toilet</i>)	<input type="checkbox"/> Sump Basket/ Pump
<input type="checkbox"/> Bathtub	<input type="checkbox"/> Roof Leader-Rainwater	<input type="checkbox"/> Water Softener	<input type="checkbox"/> Rough-in Future Fixtures
<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Shower	<input type="checkbox"/> Water Heater	<input type="checkbox"/> Kitchen Sink & Disposal
<input type="checkbox"/> Floor Sink or Drain	<input type="checkbox"/> Urinal	<input type="checkbox"/> Misc. Fixtures	<input type="checkbox"/> Piping/ Treating Equip.
<input type="checkbox"/> Lavatory (<i>Wash Basin</i>)	<input type="checkbox"/> Washer Stand Pipe	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Laundry Tray/ Sink

MECHANICAL PERMIT APPLICATION	Mechanical Permit: <input type="checkbox"/> Finished Basement Permit:
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STRUCTURE USE: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	WORK CLASSIFICATION: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Replacement
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<input type="checkbox"/> HOMEOWNER	CONTRACTOR: Contact: Address: City, State, Zip:	Mech. Bond:
<input type="checkbox"/> CONTRACTOR		Phone:
		Email:

WORK DESCRIPTION:	Estimated Value \$ (Labor & Materials)
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EQUIPMENT PROPOSED:

<input type="checkbox"/> Furnace: BTU Rating ____	<input type="checkbox"/> A/C: Seer ____	<input type="checkbox"/> Boiler: BTU Rating ____
<input type="checkbox"/> Fireplace: BTU Rating ____	<input type="checkbox"/> Air Exchange: CFM ____	<input type="checkbox"/> Exhausting Device: CFM ____

OFFICE USE ONLY PLUMBING/ MECHANICAL FEES

Plumbing Permit Fees <small>(Residential, Minimum Fee \$50.00) / (Commercial, Minimum Fee \$75.00)</small>	Mechanical Permit Fees <small>(Residential, Minimum Fee \$50.00) / (Commercial, Minimum Fee \$75.00)</small>
Number of Fixtures:	Number of Fixtures:
Permit Fee: \$	Permit Fee: \$
State Surcharge: \$	State Surcharge: \$
Other: \$	Other: \$
Total: \$	Total: \$

Plumbing and Mechanical payment(s), issue date, transaction number, and issued by are recorded on building permit.