



16319 Kettle River Blvd. Columbus MN 55025

651-464-3120 Ext. 1013

Building Department Hours: M-F 8:00 am to 4:00 pm

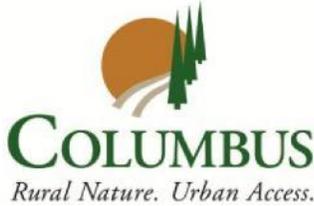
Website: ColumbusMN.us

RESIDENTIAL PERMIT APPLICATION

Incomplete applications will not be accepted

Permit Number _____ Date Received _____

Job Address	Current Owner	Owner Phone
Legal Description PIN #		
Contractor		Address
Phone #	License #	
Use of Building		
Type of Work. Check all that apply.	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Building <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Other, describe.	
Description of Project		
Number of Plumbing Fixtures or Appliances to be installed.		
Occupancy Classification _____	Type of Construction _____	Total Sq. Feet _____
Number of Stories _____	Zoning District _____	
Valuation of Work \$ _____		
<small>SEPARATE PERMITS ARE REQUIRED FOR BUILDING, ELECTRICAL, PLUMBING, HVAC, FIREPLACES AND FIRE SUPPRESSION SYSTEMS. THIS PERMIT BECOMES NULL AND VOID AFTER 180 DAYS OR IF CONSTRUCTION IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER WORK HAS 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 STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION. THE CITY OF COLUMBUS RESERVES THE RIGHT TO REQUIRE ADDITIONAL FEES FOR STAFF REVIEW NOT TYPICALLY ASSOCIATED WITH PERMIT APPLICATIONS OR THE ISSUANCE THEREOF.</small>		
Signature of Applicant _____		Date _____
Printed Name of Applicant _____		
<small>APPLICANT WILL SUPPLY PLUMBING FIXTURE COUNT FOR FEE CALCULATION. APPLICANT WILL SUPPLY HEAT LOSS CALCULATION AND COMPLETE LIST OF APPLIANCES TO BE INSTALLED FOR A MECHANICAL PERMIT. ADDITIONAL INFORMATION MAY BE REQUIRED TO BE SUBMITTED TO THE BUILDING OFFICIAL FOR REVIEW IN ORDER TO VERIFY COMPLIANCE WITH APPLICABLE CODES AND OR ORDINANCES.</small>		
For Office Use Only		
Permit Fee _____	Plan Review Fee _____	State Surcharge _____ SAC Units _____
Sewer _____	Water _____	License Fee _____ Plumbing Fee _____
Mechanical Fee _____	Professional Services _____	Other _____ Penalty _____
Total Fee _____	Check # _____	Rec. # _____ Date Pd. _____
<small>NOTE: Only Cash or Check Accepted for Building Permit Payment. Make Checks payable to The City of Columbus</small>		



SINGLE FAMILY HOME SUBMITTAL CHECK LIST

Construction / Site Plan Checklist

Building Permit Application:

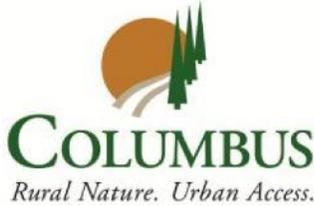
- Building Permit Application.
- Watershed Approval
- Current Minnesota Residential Contractors License.
- Completed Septic Installation Application and SSTS Design (2 Copies of SSTS Design) if required.
- MCES SAC determination letter if connecting to Municipal Sewer and Water Service. If required.

Survey (Two full-size copies and one 8 1/2" x 11" copy of existing site conditions):

- Show all property lines, setback lines, proposed Septic Area and Alternate Septic Site and a north arrow.
- Existing spot elevations sufficient to show the existing elevation and grade of the site.
- Location of existing building (survey to be completed prior to demolition when a building exists) including finished grade elevations at the building corners. Indicate the location of all proposed structures.
- Signature of a Minnesota Licensed Surveyor.
- Lowest Floor Elevation w/Benchmark
- Soil Boring w/mottled soil elevation
- Well Location
- SSTS Location - Primary and Secondary

Site Plan (Two full-size copies and one 8 1/2" x 11" copy of proposed work, scaled and dimensioned):

- Show all property lines, a north arrow, and the date the plans were drawn.
- Plan showing proposed finish grading of the site.
- Building footprint of any existing structures to remain.
- Proposed building footprints and square footages (include garages and other structures).
- Existing and proposed streets, sidewalks and alleys, include existing and proposed curb cuts. Indicate if public areas are proposed to be vacated.
- Walls, screens, fences, and trash enclosures (show location, type and height).
- Mechanical equipment (air conditioning units, electrical transformers, etc.).
- Drainage Information: Indicate the direction of water drainage from the site and building by use of elevations, contours, drainage directional arrows, swales, etc.
- Locations of gutters, downspouts, and sump pump discharge areas.
- Erosion control plan for sites where more than 5,000 square feet or 500 cubic yards of dirt is disturbed and location soil will be temporarily stored or permanently placed.



City of Columbus

**Page 2: SINGLE FAMILY HOME SUBMITTAL CHECK LIST
Construction / Site Plan Checklist**

Construction Plan (Two full-size copies) :

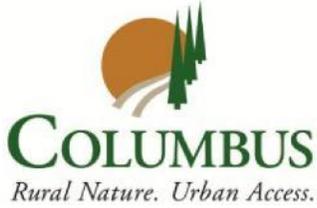
Construction documents shall be of sufficient clarity to indicate the location, nature and extent of the work proposed and show in detail that it will conform to the code.

- Foundation Plan:
 - Show all foundations and footings; indicate size, location, thickness, materials, strength and reinforcing.
 - Show all imbedded anchoring such as anchor bolts, hold-downs and post bases.
 - Reference the soil report if one is provided
- Floor Plan / Framing Plan:
 - Provide a dimensioned floor plan for each level of the building. Floor plans shall be scaled not less than 1/4-inch per foot and shall show names of rooms, size and location of doors and windows, fire assemblies, draft stops, separations and related information.
 - The Framing Plan may be a part of the floor plan or may be drawn separately and shall indicate all structural members (joists, headers, posts, beams, rafters, trusses etc.) including their location, size, spacing, method of attachment and material.
- Roof Plan / Roof Framing:
 - Show all elements including truss direction and bearing points (may be shown as part of floor plan of top floor if simple gable or hip roof).
- Building and Wall Section:
 - Show and identify all materials used in the construction. From the footing through the ridge vent indicate all components/materials used such as for waterproofing, insulation, vapor barrier, moisture barrier, floor and wall sheathing, sills, plates, joists etc.
 - Dimension floor to ceiling height for each level.
- Exterior Elevations:
 - Exterior elevations of all sides of proposed structures, including heights, construction materials, locations and dimensions of window and door openings, etc.

NOTE: Rough openings will be measured to calculate window percentages.

New Construction Energy Code Compliance Certificate Worksheet (exterior envelope and ventilation):

- Provide a copy of a completed New Construction Energy Code Compliance Certificate worksheet.
- Show radon system installation information on plans or as a written description included as an attachment.



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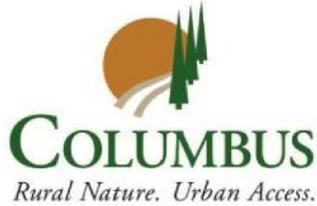
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Protection of Adjoining Property/Shoring Plan:

- Provide a plan or written explanation showing how adjoining property will be protected during the excavation and until the backfill is placed.

Construction Contract:

- Provide a copy of the contract for cost verification.



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Building Department

00 pm

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LAKE OR WATERWAY FORM

RE: Property that is within 1000' of a lake or waterway.

Please note that property within 1000' of a lake or waterway is required to obtain Building and Septic permits from the City of Columbus.

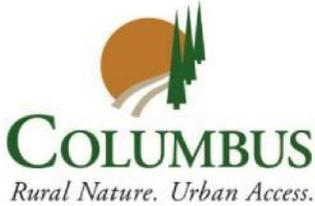
To help us provide the best service possible please answer the following:

Property Address: _____

_____ This property is within 1000' of a lake or waterway

_____ This property is **NOT** within 1000' of a lake or waterway

Date: _____ Signature: _____



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VENTILATION, MAKE-UP AIR AND COMBUSTION AIR FORM

Building Site Address: _____

PIN #: _____ **Date:** _____

SELECT ENERGY CODE CATEGORY:

(Provide energy code thermal envelope calculations for below selection.)

CATEGORY I (Chapter 7670): _____

2000 ENERGY CODE (Chapter 7672): _____ Path: _____

Other (specify): _____

Check equipment to be used:

FURNACE OPTIONS:

- _____ Gas-Sealed Combustion
- _____ Gas-Direct Vent
- _____ Gas-Power Vent
- _____ Gas-Atmospheric
- _____ Other (Specify)

WATER HEATER OPTIONS:

- _____ Gas-Sealed Combustion
- _____ Gas-Direct Vent
- _____ Gas-Power Vent
- _____ Gas-Atmospheric
- _____ Other (Specify)

FIREPLACE OPTIONS:

- _____ Gas-Sealed Combustion
- _____ Gas- Atmospheric
- _____ Wood-Open Hearth

- _____ Gas-Direct vent
- _____ Wood-Closed Controlled
- _____ Electric

LIST EXHAUST FANS OVER 175 CFM: (Bath, Clothes Dryer, Kitchen, Central Vac. Etc.)

_____ CFM _____

_____ CFM _____

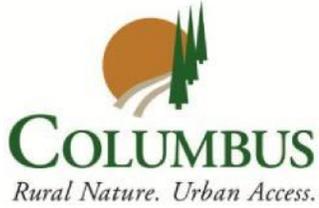
_____ CFM _____

MECHANICAL VENTILATION SYSTEM:

1. Total CFM Exhaust: _____

2. Type of Ventilation (check one):

- _____ HRV
- _____ Exhaust only
- _____ HRV with exhaust
- _____ Other (please explain)



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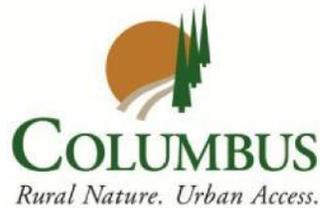
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TOTAL MAKE-UP AIR _____ **CFM** _____

TOTAL COMBUSTION AIR _____ **CFM** _____



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N1101.8 Certificate Builders Name/ Company	Date: _____ Site Address: _____
	Contractor Name: _____ License Number: _____

Location	Type of Insulation	Installed R-Value	Type	Location	Size
Roof/Ceiling			Makeup Air		
Walls			Combustion Air		
Slab-on-Grade			Water Heating		
Floor				Manufacturer	Model
Rim Joist			Ducts Outside of Conditioned Spaces		
Foundation Wall		Interior, Exterior or Integral		Location	R-Value
		Interior, Exterior or Integral			

	Average U-Factor	SHGC (solar heat gain coefficient)	Radon Control	Passive	Active
Fenestration			<input type="checkbox"/>	<input type="checkbox"/>	

Heating System	Type	Input Rating	AFUE	Manufacturer	Model	Calculated Heat Loss

Cooling System	Type	Output Rating	SEER	Manufacturer	Model	Cooling Load/Heat Gain