



RESIDENTIAL ALTERATION OR REMODELING

Permit # _____

16319 Kettle River Blvd, Columbus, MN 55025
Phone: 651-464-3120

Date Received

TO BE FILLED OUT BY APPLICANT - INCOMPLETE APPS MAY NOT BE PROCESSED

SITE ADDRESS: _____ **PID:** _____

PROPERTY OWNER: _____ **Address:** _____

City: _____ State: _____ Zip: _____ Email: _____

Contact Name: _____ Phone: _____

CONTRACTOR COMPANY NAME: _____ **Address:** _____

City: _____ State: _____ Zip: _____ Phone: _____

Contractor License No: _____ Contact Name: _____

Email: _____ Contact Phone: _____

Detailed Description of Work:

Valuation: _____

[Please review SAFEbuilt's helpful handouts](#)

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required and authorizes the Zoning Administrator or designee and the Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice. 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 ordinances of the Municipality and the laws of the State of Minnesota regarding actions taken pursuant to this permit. Permit expires when work is not commenced within 180 days from date of permit, or if work is suspended, abandoned, or not inspected for 180 days. Work beyond the scope of this permit, or work without a permit or inspection, will be subject to a penalty.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

PRINTED NAME: _____ **Signature of:** Owner or Owner's Representative

OFFICE USE ONLY

Permit Fee: _____ State Surcharge: _____ Plan Review: _____ Other: _____ TOTAL DUE: _____	Issued By: _____ Paid: _____ Date: _____ Check Number: _____ Receipt Number: _____
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24-HOUR NOTICE REQUIRED FOR INSPECTIONS. CALL 952-442-7520.

INFORMATION NECESSARY WHEN APPLYING FOR AN ALTERATION PERMIT;

an alteration is general remodeling without adding to the buildings footprint.

1. Permit application completed and signed.
2. One electronic copy of detailed building plans or blueprints.
3. Other information may be required by the Building Official.

ADDITIONAL INFORMATION

SMOKE ALARMS: When alterations, repairs or additions to the interior of a house requiring a permit, or when one or more sleeping rooms are added or created in existing dwellings, the dwelling shall be equipped with smoke alarms located as required for new dwellings; the smoke alarms shall be interconnected and hard wired, if the room is already finished, the wires shall go through the attic, crawl space or basement. If the entire room is finished and there is no attic, crawl space, basement or other unfinished room to run wires to the smoke alarms, then battery operated smoke alarms would be permitted.

CARBON MONOXIDE ALARMS: All homes must have an approved and operational carbon monoxide alarm installed within ten (10) feet of each sleeping room.