Building Permit Application

630 Florence Avenue PO Box 890 Owatonna, MN 55060

Building Inspections Department

www.co.steele.mn.us | Phone: 507-444-7475 | Email: Inspections@co.steele.mn.us

Residential

Planning / Zoning, SSTS, and Building Department Use Only

PIN:	Permit #:	Fee:	Plan Charge:	State Surcharge:	Total Permit Fee:

Setbacks: Front: Right Side: Left side: Back:

Notes:

Planning & Zoning Dept: Date:

SSTS Dept.: Date:

Blding Inspections Dept.: Date:

Jobsite Address: City:

PROPERTY OWNER

Name: Phone:

Address: Email:

City: State: Zip:

CONTRACTOR

Company: License #: Lead Cert. #:

Address:

City: State: Zip:

Contact: Contact Phone:

Office Phone: Email:

PERMIT TYPE

Addition	*Remodel*	*Basement Finish*	*Repair*	*Other*
☐ Dwelling Addition ☐ Deck ☐ 3 / 4 season porch ☐ Garage ☐ Other	☐ Include Description & scope of work below	___ Number of rms being finished Gas Fireplace: Make: ____ Model: ____	☐ Water Damage ☐ Fire Damage ☐ Foundation ☐ Other	☐ Fence ☐ Pool* ** ☐ Shed ☐ Pole Building ☐ Solar (see required submittals)

*State license Required for in-ground pool **Registration Required for Contractor for above-ground pool

IS THERE A SEPTIC SYSTEM? ☐ *Yes* ☐ *No* **If yes, please note adding bedrooms requires a Septic Compliance Inspection and a Certificate of Compliance**

DESCRIPTION OF WORK

PROJECT VALUATION: $

Existing Bedrooms: _____

New Bedrooms: _____

Total Bedrooms: _____

***** EMAIL / MAIL SIGNED APPLICATION TO ADDRESS ABOVE*****

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REQUIRED SUBMITTALS – see handouts for specific submittal requirements

___ **Complete set of building plans, including all details. (Certain projects may require a licensed design) (Electronic copy preferred)**

___ All existing structures and the proposed changes must be shown along with Dimensions & Setbacks to property must be shown.

___ Verification that roof structure can handle weight of roof top unit

SUB - CONTRACTOR LIST

	Plumbing Contractor	Heating Contractor	Other
Contractor			
Email			
Phone			

FOR ELECTRONIC PLAN SUBMITTAL

** ALL ELECTRONIC PLAN SUBMITTALS FOR RESIDENTIAL PERMITS MUST BE SUBMITTED IN THEIR ENTIRETY.

** ANY INCOMPLETE SUBMITTALS WILL RESULT IN A DELAY IN PERMIT ISSUANCE. THE SENDER WILL BE NOTIFIED BY RETURN EMAIL. Allow 24 business hours for this electronic submittal to be assigned to a building inspector. Once assigned; a period of **5 – 7 business days** may be required for the plan review.

BY SUBMITTING YOUR INFORMATION ELECTRONICALLY, YOU ARE AGREEING TO ABIDE BY THE CONDITIONS SPECIFIED ABOVE.

- Smoke alarms shall be installed within each sleeping room, outside each separate sleeping area in immediate vicinity of bedrooms, and on each additional story of the dwelling. Carbon Monoxide alarms shall be installed outside and not more than 10 feet from each separate sleeping area or bedroom on each level.

A Septic Inspection will be required for New homes, Renovations which include adding living space, a bedroom to current home, addition of 3 or 4 season porch, movement of a building or structure on the property.

****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 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 weather 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. 24 hours advanced notice on all inspections is required.**

Applicant Name: _____ Signature: _____ Date: _____

HOMEOWNERS: Sign below if you are doing your own work or applying for the permit.

Residential Remodel Permit Application Addendum:

- I will be acting as the general contractor for the attached building project.
- As the general contractor, I understand that I am responsible for completing the work as permitted, scheduling all required inspections, and I accept all responsibility for this project.

Homeowner Name: _____ Signature: _____ Date: _____

***** EMAIL / MAIL SIGNED APPLICATION TO ADDRESS ABOVE*****