New Home 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:

Bldng Inspections Dept.: Date:

Jobsite Address: _____ City: _____

Legal Description: _____

PROPERTY OWNER

Name: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

CONTRACTOR

Company: _____ License #: _____ Lead Cert. #: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Contact Phone: _____

Office Phone: _____ Email: _____

REQUIRED SUBMITTALS – see handouts for specific submittal requirements

Yes	No	Submittals
☐	☐	Septic System Design (Septic Permit Required Prior To Home Permit
☐	☐	Fire Suppression System Being Installed
☐	☐	Copy of The Building Plan (Electronic copy preferred)
☐	☐	Approved Site Plan
☐	☐	Completed Sub-Contractor List
☐	☐	Completed Energy Code Compliance Certificate (Current Version)
☐	☐	U-Factors of Each Window & Door Included on Plan (Specific to Each Location)
☐	☐	Radon Mitigation Design & Materials Shown on Plans
☐	☐	Soil Group Shall Be Designated on Plan Per IRC Table R405.1
☐	☐	Foundation Drainage System Detail Shall Be Provided on Plans
☐	☐	Braced Wall Panel Details and Methods for The Entire Structure Provided on Plans
☐	☐	Site or Model Specific Structural Engineer's Design for Cantilevered Sill Plates

PROJECT VALUATION: $ _____ **Total Bedrooms:** _____

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

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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*****