



BUILDING PERMIT APPLICATION

City of Stillwater
216 4th Street North, Stillwater MN 55082
Phone: 651-430-8825 Fax: 651-430-8810 www.ci.stillwater.mn.us

INCOMPLETE APPLICATIONS WILL BE REJECTED

PROJECT ADDRESS (INCLUDE SUITE NUMBER): _____ DATE: _____

PROPERTY OWNER NAME _____ PHONE # _____

STREET, CITY, STATE, ZIP _____ EMAIL _____

CONTRACTOR NAME _____ PHONE/CELL _____

STREET _____ CITY, STATE, ZIP _____

APPLICANT'S NAME _____ EMAIL ADDRESS _____

LICENSE # _____ LEAD CERTIFICATION # _____ ARCHITECT NAME _____ EMAIL _____

WAS THE HOME CONSTRUCTED BEFORE 1978? YES ___ NO ___ IF YES, EPA LEAD SUPPLEMENTAL FORM IS REQUIRED OR PROVIDE EPA LEAD CERTIFICATE.

PROPERTY USE: COMMERCIAL _____ RESIDENTIAL _____

TYPE OF WORK (CHECK ONE)

NEW ___ ADDITION ___ REMODEL ___ REPAIR ___ MOVE ___ DEMOLISH ___ DECK/PORCH ___ ROOFING/SIDING ___ #SQUARE _____

SQ FOOT CALCS: 1ST FLOOR _____ 2ND FLOOR _____ ADDITIONAL STORIES _____ FINISHED

BASEMENT _____ UNFINISHED BASEMENT _____ GARAGE _____

VALUATION (LABOR & MATERIALS) _____

DESCRIPTION OF JOB _____

COMMERCIAL AND MULTI-UNIT RESIDENTIAL—COMPLETE THIS BOX

OCCUPANT LOAD _____ TYPE OF CONSTRUCTION _____ OCCUPANCY CLASSIFICATION _____

NEW CONSTRUCTION ONLY (ALL PROPERTIES) — COMPLETE THIS BOX

PARCEL ID # _____ LOT _____ BLOCK _____

TRACT _____

Separate permits are required for electrical, plumbing, heating, ventilating and air conditioning. 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 anytime after work is 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 other state or local law regulating construction or the performance of construction.

PRINT APPLICANT'S NAME _____ **DATE** _____

APPLICANT'S SIGNATURE _____

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OFFICE USE ONLY
PLAN REVIEW YES ___ NO ___
SAC UNITS _____

APPROVALS
ENGINEERING _____
PLANNING _____



EPA LEAD SUPPLEMENTAL FORM

FOR HOMES CONSTRUCTED PRIOR TO 1978:

- 1) WILL THE WORK DISTURB 6 OR MORE SQ FT OF INTERIOR PAINTED SURFACES OR 20 OR MORE SQ FT OF EXTERIOR PAINTED SURFACES? YES ___ NO ___. (YES GO TO LINE 3, NO GO TO LINE 2)
- 2) ARE THERE ANY WINDOWS BEING REPLACED? YES ___ NO ___ (YES GO TO LINE 3, NO CONTINUE WITHOUT COMPLETING EPA SECTION.
- 3) HAS THIS HOME BEEN CERTIFIED LEAD FREE? YES ___ YOU MUST ATTACH CERTIFICATION INFORMATION, NO ___ COMPLETE LINE 4.
- 4) EPA CONTRACTOR CERTIFICATION NUMBER: NAT-_____. ATTACH CERTIFICATE.

SIGNATURE _____ DATE _____