



# Over the Counter Residential / Reviewed Commercial Building Permit Application

Date: \_\_\_\_\_ Permit #: \_\_\_\_\_ PID #: \_\_\_\_\_

Permit Fee \$: \_\_\_\_\_ Plan Check Fee \$: \_\_\_\_\_ Surcharge Fee \$: \_\_\_\_\_ Investigative Fee/Other \$: \_\_\_\_\_

Total Permit Fee \$: \_\_\_\_\_

City Use Only

PLEASE PRINT CLEARLY

Site Address: \_\_\_\_\_ Suite / Lot / Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type:  Residential  Commercial

### Construction Type:

- Water Softener
- Window Replacement (Existing)
- Demolition
- Fence (Over 7')
- Re-Side
- Re-Roof
- Retaining Wall (Over 4')
- Furnace
- Irrigation (City Only)
- Door Replacement (Existing)
- Water Heater
- AC

The Applicant  Owner  Contractor  
Is:

### Property Owner:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Contractor:

Name: \_\_\_\_\_ License/ Bond: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

- Call for Credit Card Payment
- Email permit / receipt

Describe Work: \_\_\_\_\_

Total Job Valuation \$: \_\_\_\_\_

- 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 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.

Signature of Contractor/ Responsible Party \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Approved by Building Inspector / Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

### Payment Information / Receipt

Payment Type: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Card	Date: _____	Total Due: _____	Check #: _____
Paid By: _____		Total Amount Paid: _____	

SEE BACK OF PERMIT FOR INSPECTION INSTRUCTIONS

# INSPECTION INSTRUCTIONS

**Call Becker City Hall to schedule all inspections at 763-200-4239  
Have the permit number and address of property available when scheduling.**

*All Residential Permits will be issued over the counter.*

*Commercial Permits will be submitted to the Building Official for review.*

## **Residential Mechanical Permit (Furnace and A/C Replacement):**

- Any new gas lines require an air test in accordance to the MSMC.

## **Irrigation Systems:**

- Atmospheric type vacuum breaker shall be installed a minimum 12" above highest head.
- Vacuum breaker shall be installed by a MN Licensed Plumber.

## **Re-Roofing:**

- Existing asphalt roofing must be removed before applying new roofing.
- Provide ice & water shield a minimum 24" beyond wall plate line.
- Email pictures of ice & water shield and underlayment before final inspections to [permits@ci.becker.mn.us](mailto:permits@ci.becker.mn.us)

## **Re-Siding**

- Email pictures of weather resistive barrier (house wrap) before final inspection to [permits@ci.becker.mn.us](mailto:permits@ci.becker.mn.us)

## **Water Softener / Water Heater**

- Work shall be done by a MN licensed plumber or an owner who owns and occupies the home where work is being done.

## **Windows / Door Replacements**

- Any changes in rough opening will require a framing inspection.
- Provide smoke detectors in all bedrooms, in hallways outside bedrooms and 1 on every level.
- Provide carbon monoxide detector within 10 feet of all bedrooms.

## **Inspectors Comments:**

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