

|   |  |   |  |   |
|---|--|---|--|---|
| <b>TOWNSHIP OF HAMPTON</b>  |  | <b>PERMIT APPLICATION</b>   |  | <b>BUILDING PERMIT #</b>  |
| SITE ADDRESS:   |  |   | DATE:  |   |
| APPLICANT/OWNER: Name / Address / City / State / Zip / Phone  |  |   |  |   |
| CONTRACTOR: Name / Address / City / State / Zip / Phone   |  |   | Contractors License No.  |   |
| ARCHITECT: Name / Address / City / State / Zip / Phone  |  |   |  |   |
| <b>TYPE OF WORK:</b><br><input type="checkbox"/> Commercial <input type="checkbox"/> Residential  |  | <input type="checkbox"/> New Construction<br><input type="checkbox"/> To Be Reviewed as Master Plan<br><input type="checkbox"/> Change of Use<br><input type="checkbox"/> Finish Basement<br><input type="checkbox"/> Remodel<br><input type="checkbox"/> Addition<br><input type="checkbox"/> Garage - Attached/Detach<br><input type="checkbox"/> Porch | <input type="checkbox"/> Deck<br><input type="checkbox"/> Accessory Structure<br><input type="checkbox"/> Pool<br><input type="checkbox"/> Re-Roof<br><input type="checkbox"/> Re-Side<br><input type="checkbox"/> Demolition<br># of Sq. _____<br># of Square _____ | <input type="checkbox"/> Window/Door Replacement<br># being replaced _____<br><input type="checkbox"/> Retaining Wall<br><input type="checkbox"/> Fence<br><input type="checkbox"/> Shed<br><input type="checkbox"/> Plumbing<br><input type="checkbox"/> Mechanical<br><input type="checkbox"/> Misc Other _____ |
| ESTIMATED VALUE OF WORK TO BE PERFORMED   |  |   |  |   |
| <b>Detailed Description of Work to be Performed:</b>  |  |   |  |   |
| <p>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 Township and the laws of the State of Minnesota regarding actions taken pursuant to this permit. I agree to pay all plan review fees even if I choose not to proceed with the work. 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.</p> |  |   |  |   |
| SIGNATURE OF APPLICANT: _____   |  |   | DATE: _____  |   |
| PRINTED NAME: _____   |  |   |  |   |
| Signature of (please check one) : <input type="checkbox"/> Owner, <input type="checkbox"/> Licensed Building Contractor, <input type="checkbox"/> Architect, <input type="checkbox"/> Other _____   |  |   |  |   |
| <b>----- OFFICE USE ONLY BELOW THIS LINE -----</b>  |  |   |  |   |
| P.I.D #: _____  |  |   | PERMIT VALUATION:  |   |
| <b>SETBACKS:</b><br>ACTUAL:    Front _____ Rear _____ Side _____ Side _____<br>REQUIRED:    Front _____ Rear _____ Side _____ Side _____  |  |   |  |   |
| OCCUP. TYPE: _____ CONST. TYPE: _____ CODE: _____ IS BLDG CURRENTLY SPRINKLED? Yes / No   |  |   |  |   |
| Permit Fee: \$ _____<br>Plan Check Fee: \$ _____<br>State Surcharge: \$ _____<br>Site Inspection Fee: \$ _____<br>Copy Fee \$ _____<br>Other: \$ _____  |  | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____<br>\$ _____<br>\$ _____<br>\$ _____  |  |   |
| <b>BUILDING PERMIT SUB-TOTAL: \$ _____</b>  |  |   |  |   |
| <b>PLUMBING PERMIT: \$ _____</b><br><b>MECHANICAL PERMIT: \$ _____</b>  |  | <b>TOTAL DUE: \$ _____</b>  |  |   |
| Paid _____  |  | Receipt No. _____   |  |   |
| Date _____  |  | By _____  |  |   |
| BUILDING APPROVAL BY: _____   |  | DATE: _____   |  | TIME: _____   |
| TWSP APPROVAL BY: _____   |  | DATE: _____   |  | TIME: _____   |

**TOWNSHIP OF HAMPTON**

**MECHANICAL APPLICATION**

MECHANICAL PERMIT #

State Bond No.

Gas Fitters License No.

MECHANICAL CONTRACTOR

Name / Address / City / State / Zip / Daytime Telephone

ESTIMATED VALUE

**WARM AIR**

**UNDERGROUND DUCT SYSTEM: Yes ( ) No ( )**

Gravity \_\_\_\_\_

Forced \_\_\_\_\_

Input B.T.U. \_\_\_\_\_

Output B.T.U. \_\_\_\_\_

**AIR CONDITIONING SYSTEM**

Tons \_\_\_\_\_ CFM \_\_\_\_\_ Ductwork \_\_\_\_\_

**VENTILATION / AIR EXCHANGE**

Exhaust Only

No. of Fans \_\_\_\_\_ Size \_\_\_\_\_ Type \_\_\_\_\_

C.F.M. Del \_\_\_\_\_ Static Pressure \_\_\_\_\_

Air Exchange Unit

Type-Mixing Box \_\_\_\_\_

Heat Recovery Ventilation \_\_\_\_\_

Recovery Efficiency \_\_\_\_\_ Net Air Flows \_\_\_\_\_

Where ventilation is used/located \_\_\_\_\_

**WET HEAT**

Baseboard \_\_\_\_\_ In-Floor (Wirsbo) \_\_\_\_\_

Steam \_\_\_\_\_ Hot Water \_\_\_\_\_

Gross Sq. Ft. \_\_\_\_\_ Input B.T.U. \_\_\_\_\_

New \_\_\_\_\_ Repl. \_\_\_\_\_ Addition \_\_\_\_\_

**GAS FITTING PERMITS**

- Dryer
- Gas Log
- Stove
- Water Heater
- Unit Heater
- Grill
- Furnace
- Fireplace
- Other \_\_\_\_\_

**Office Use Only:**

Mechanical Permit Fee: \$ \_\_\_\_\_

Gas Fitting Permit Fee: \$ \_\_\_\_\_

Mechanical Surcharge: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**Total Mechanical Permit: \$ \_\_\_\_\_**

**Mechanical or Plumbing Comments:**

**PLUMBING INFORMATION**

PLUMBING PERMIT#

State Bond No.

State Plumbers License No.

PLUMBING CONTRACTOR

Name / Address / City / State / Zip / Daytime Telephone

ESTIMATED VALUE

CLASS OF WORK: ( ) New ( ) Addition ( ) Alteration ( ) Repair

**Please indicate the fixtures you will be installing or replacing (include count for each type of fixture):**

- |  |                                 |                             |
|--|---------------------------------|-----------------------------|
| _____ Water Closet (Toilet)  | _____ Bathtub                   | _____ Roof Leader-Rainwater |
| _____ Lavatory (Wash Basin)  | _____ Shower                    | _____ Drinking Fountain     |
| _____ Kitchen Sink & Disp.   | _____ Dishwasher                | _____ Lawn Sprinkler System |
| _____ Water Heater   | _____ Clothes Washer            | _____ Vacuum Breakers       |
| _____ <input type="checkbox"/> Gas <input type="checkbox"/> Electric | _____ Water Softner             | _____ Sump                  |
| _____ Ice Maker Line   | _____ Piping/Treating Equipment | _____ Misc. Fixtures        |
| _____ Rough-in Future Fixture  | _____ Floor Sink or Drain       |                             |

\_\_\_\_\_ # of Fixtures: \$ \_\_\_\_\_

State Surcharge: \$ \_\_\_\_\_

\$ \_\_\_\_\_

**Total Plumbing Permit: \$ \_\_\_\_\_**