

City of Becker
 Becker Township

Over the Counter Residential / Reviewed Commercial
Building Permit Application

Date: _____ Permit #: _____ PID #: _____

Permit Fee \$: _____ Plan Check Fee \$: _____ Surcharge Fee \$: _____ Other \$: _____

Total Permit Fee \$: _____

City / Township Use Only

PLEASE PRINT CLEARLY

Site Address: _____ **Suite / Lot / Unit:** _____

City: _____ **State:** _____ **Zip Code:** _____

Type: Residential Commercial

Construction Type:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Retaining Wall (Over 4') | <input type="checkbox"/> Window Replacement (Existing) | <input type="checkbox"/> Door Replacement (Existing) | <input type="checkbox"/> Water Heater |
| <input type="checkbox"/> Water Softener | <input type="checkbox"/> Irrigation (City Only) | <input type="checkbox"/> Demolition | <input type="checkbox"/> Fence (Over 7') |
| <input type="checkbox"/> Re-Side | <input type="checkbox"/> Re-Roof | <input type="checkbox"/> A/C | <input type="checkbox"/> Furnace |

The Applicant Is: Owner Contractor

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 _____

SEE BACK OF PERMIT FOR INSPECTION INSTRUCTIONS

INSPECTION INSTRUCTIONS

**Call Metro West to schedule all inspections at 763-479-1720
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 Metro West 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.
- Provide pictures of ice & water shield and underlayment at final inspections. Photos must be onsite.

Re-Siding:

- Provide pictures of weather resistive barrier (house wrap) at final inspection. Photos must be onsite.

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:
