



Carver County

Application for Building, Plumbing or Mechanical Permits

Phone (952) 361-1820 Fax (952) 361-1828

Public Services Division, Land Management Department
600 East 4th Street, Chaska, MN 55318

Parcel ID # Acres Year Built

LAKETOWN TOWNSHIP - Any additions or new buildings must be submitted to the township
CAMDEN TOWNSHIP - New homes require a permit from the township

Site Address City

Type of Permit Constr. Value \$

FOR OFFICE USE ONLY

FP Yes No SD Yes No Septic Compliance Req'd
Feedlot Yes No Bluff Yes No

THE FOLLOWING INFORMATION MUST BE SUBMITTED WITH ALL BUILDING PERMIT APPLICATIONS UNLESS OTHERWISE ADVISED:

- Req'd Submitted
1. Two sets of structural plans for residential projects; three sets of engineered plans for commercial projects
 2. Site plan showing proposed & existing structure locations & setbacks from center of road and all lot lines; location of driveway, well, & primary and alternate drainfield sites
Proposed Setbacks Front 1 Front 2 Side Side Rear OHW
 3. Percolation tests and soil borings for primary & alternate on-site sewer locations & septic sites roped off
 4. On-site sewer design and permit (installer must sign the application)
 5. Energy code compliance certificate
 6. Mechanical & plumbing information completed
 7. Driveway Access permit: Township Road -> Township Clerk; County Road -> County Hwy. Dept. (County must approve)
 8. Watershed permit
 9. Grading or soil excavation plan (including driveway construction)
 10. Erosion control plan
 11. Copy of recorded deed - fee owner must sign the application on a Contract for Deed

Prior to the issuance of a new home building permit, a pre-construction site inspection will be conducted. The new home packet shows items that will be looked at during this inspection.

NOTICE: Signature of this application by the legal property owner or a licensed contractor as the owner's representative is required and authorizes the Carver County Zoning Administrator or designee and the Carver County Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice. Be prepared to show proof of ownership or licensing.

OWNER'S CURRENT MAILING INFORMATION (if parcel is on a contract for deed, fee owner must sign application)

Name Signature
Address Home Phone
City, State, Zip Work Phone
E-mail/Fax No. Date

Homeowner is the Contractor: Yes No

LICENSED GENERAL CONTRACTOR INFORMATION (Mechanical/Plumbing complete page 2)

Company Name Signature
Address Home Phone
City, State, Zip Work Phone
E-mail/Fax No. License #

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 of the ordinances of Carver County 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 to not proceed with the work. INITIALS REQUIRED FOR ALL PLAN REVIEWS _____

THE FOLLOWING INFORMATION MUST BE FURNISHED FOR ANY MECHANICAL PERMITS (HEATING, AIR CONDITIONING, OR FIREPLACE WORK)

HEATING SYSTEM

Make	<input type="text"/>	Model	<input type="text"/>	Size (BTU)	<input type="text"/>
Fuel	<input type="text"/>	Supply Openings (sq. in.)	<input type="text"/>	Return Openings (sq. in.)	<input type="text"/>
Flue Diameter	<input type="text"/>	Input (BTU)	<input type="text"/>	Output (BTU)	<input type="text"/>
Air Conditioning	<input type="radio"/> Yes <input type="radio"/> No	Make	<input type="text"/>	Model	<input type="text"/>
				Size (tons)	<input type="text"/>
Bath Vent #	<input type="text"/>	Range Hood Vent #	<input type="text"/>	In-Floor Heat	<input type="radio"/> Yes <input type="radio"/> No
				Air Exchanger	<input type="radio"/> Yes <input type="radio"/> No
Wood Stove	<input type="radio"/> Yes <input type="radio"/> No	Make	<input type="text"/>	Model	<input type="text"/>
# of Fireplaces	<input type="text"/>	Make/Model	<input type="text"/>		<input type="radio"/> Gas <input type="radio"/> Wood
Additional Mechanical Information	<input type="text"/>				

COMMERCIAL PROJECT: TOTAL VALUE OF COMMERCIAL MECHANICAL SYSTEMS

MECHANICAL CONTRACTOR INFORMATION

Company Name	<input type="text"/>	Signature	_____
Address	<input type="text"/>	Home Phone	<input type="text"/>
City, State, Zip	<input type="text"/>	Work Phone	<input type="text"/>
E-mail/Fax No.	<input type="text"/>	Bond #	<input type="text"/>

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PLUMBING SYSTEM

Licensed Plumber Name	<input type="text"/>	State Plumbers License #	<input type="text"/>
Residential Water Heater Replacement	<input type="radio"/> Yes <input type="radio"/> No		
Additional Plumbing Information	<input type="text"/>		

COMMERCIAL PROJECT: TOTAL VALUE OF COMMERCIAL PLUMBING SYSTEMS

PLUMBING CONTRACTOR INFORMATION

Company Name	<input type="text"/>	Signature	_____
Address	<input type="text"/>	Home Phone	<input type="text"/>
City, State, Zip	<input type="text"/>	Work Phone	<input type="text"/>
E-mail/Fax No.	<input type="text"/>	Bond #	<input type="text"/>

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