

RESIDENTIAL REMODEL APPLICATION

10801 Town Square Dr. NE Blaine, MN 55449
BUILDING INSPECTIONS DEPARTMENT - BlaineMN.gov
 Phone: 763-785-6170 Fax 763-785-6111



Date _____

Site Address _____ Is home occupied by owner? Yes No

Single Family Two Family Town House Manufactured Home

Homeowner _____ Email _____ Phone _____

Address _____ City _____ State _____

Is there a septic system? Yes No *If yes, please note: adding bedrooms requires a **Septic Compliance Inspection** and a **Certificate of Compliance**.*

Contractor _____ License # _____ Lead Cert. # _____

Contact Name _____ Email _____ Phone _____

Address _____ City _____ State _____

PERMIT TYPE

<input type="checkbox"/> Addition <input type="checkbox"/> Dwelling Addition. <input type="checkbox"/> Garage <input type="checkbox"/> Other	<input type="checkbox"/> Remodel <input type="checkbox"/> Include description and scope of work below. 	<input type="checkbox"/> Basement Finish Number of rooms being finished? _____	<input type="checkbox"/> Repair <input type="checkbox"/> Water Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Foundation <input type="checkbox"/> Other	<input type="checkbox"/> Other <input type="checkbox"/> Fence <input type="checkbox"/> Pool * ** <input type="checkbox"/> Shed <input type="checkbox"/> Solar (See Required Submittals)
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*State or City License Required for in-ground pool **City Registration Required for Contractor for above-ground pool

Description of work: _____
 (If your basement finish includes a gas fireplace, list **Make** and **Model**. → _____)

Estimated Value of Work Performed? _____

REQUIRED SUBMITTALS – see handouts for specific submittal requirements

- Two complete sets of building plans, including all details.
- For additions, porches/deck, garage, shed, pool, fence - Copy of the property survey showing all existing structures and the proposed changes. Dimensions and setbacks to property line must be shown.
- Manufactured home park approval letter, if applicable.
- Solar: Verification that roof structure can handle weight of system – see Solar handout.

SUB-CONTRACTOR LIST

General Contractor: _____ Phone _____

Plumbing Contractor: _____ Phone _____

Heating Contractor: _____ Phone _____

Other: _____

APPLICANT SIGNATURE _____

FOR ELECTRONIC PLAN SUBMITTAL

ALL ELECTRONIC PLAN SUBMITTALS FOR RESIDENTIAL PERMITS MUST BE SUBMITTED IN THEIR ENTIRETY.

WE DO NOT ACCEPT ELECTRONIC PLAN SUBMITTAL FOR NEW CONSTRUCTION RESIDENTIAL HOMES.

ANY INCOMPLETE SUBMITTALS WILL BE DISCARDED: THE SENDER WILL BE NOTIFIED BY RETURN EMAIL. THE CITY DOES NOT RETAIN ANY INFORMATION FROM AN INCOMPLETE SUBMITTAL.

RE-SUBMIT THE COMPLETE PERMIT PACKAGE ONCE ALL OVERSIGHTS AND/OR OMISSIONS ARE RESOLVED.

FOR QUESTIONS REGARDING PROJECT REQUIREMENTS, **CALL 763-785-6170**. AN INSPECTOR IS AVAILBLE IN THE OFFICE, **MONDAY- FRIDAY FROM 8 AM – 9 AM OR 12 PM – 1 PM OR 3:30 PM – 4:30 PM**.

Allow 24 business hours for this electronic submittal to be assigned to a building inspector. Once assigned; a period of **5 – 7 business days** may be required for the plan review.

BY SUBMITTING YOUR INFORMATION ELECTRONICALLY **plans@BlaineMN.gov** YOU ARE AGREEING TO ABIDE BY THE CONDITIONS SPECIFIED ABOVE.

****Effective 01/16/2018 any transactions for a debit or credit card exceeding \$24.99 will be charged a 2.5% fee.***

HOMEOWNERS ... complete this form if you are doing your own work or applying for the permit.

Residential Remodel Permit Application Addendum:

I will be acting as the general contractor for the attached building project.

As the general contractor, I understand that I am responsible for completing the work as permitted, scheduling all required inspections, and I accept all responsibility for this project.

Homeowner Name _____ Date _____

Homeowner Signature _____