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**RESIDENTIAL BUILDING PERMIT APPLICATION**

**(Re-Shingle, Re-Side, Replace Windows)**

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| **Address of Building Site: Parcel Number:**  |
| **Year Home was Constructed**: Pre-1978 🞎 (Complete Area Below ) After 1978 🞎 |
| **Lead Certification Information:** Included Lead-Free Certification with Application 🞎 Work Being Conducted by Homeowner 🞎Work Being Conducted by Certified/Licensed Firm: 🞎 EPA Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_For Re-Shingle Only – Less than 20 Sq. Ft. of Painted Surface will be Disturbed and is Exempt from Rule 🞎 |

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| --- |
| **Property Owner Name:**  |
| **Street Address:** | **City:** | **State:** | **Zip:**  |
| **Telephone Number:**  | **Cell Number:** | **Email:** |

|  |  |
| --- | --- |
| **Contractor Name:**  | **License Number:** |
| **Street Address:** | **City:** | **State:** | **Zip:**  |
| **Telephone Number:** | **Cell Number:**  | **Email:** |

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| --- | --- | --- | --- |
| **Type of Improvement** | **Re-Shingle** | **Re-Side** | **Replace Windows** |
| **Permit Fees** | $40.00 | $40.00 | $40.00 |
| ***Estimated Cost:*** |  |  |  |
| **House** |  |  |  |
| **Attached Garage** |  |  |  |
| **Detached Garage** |  |  |  |
| **Other Accessory Building** |  |  |  |

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| **Re-Shingle Notes** | *An approved ice barrier must be installed in lieu of normal underlayment and extend from the lowest edges of all roof surfaces to a point at least 24-inches inside the exterior wall line of the building. This DOES NOT apply to detached accessory structures that contain no conditioned floor area. Please call for inspection when the ice barrier is in place and again when the project is complete. \*Always refer to the Code for specifics.* |
| **Re-Side Notes** | *An approved weather resistive barrier must be applied over sheathing of all exterior walls. Where joints occur, a minimum 6-inch lap is required unless joint is taped. Please call for inspection when the weather barrier is in place and again when the project is complete. \*Always refer to the Code for specifics.*  |
| **Window Notes** | *All windows are to be installed and flashed in strict adherence with their manufacturer’s specifications. Tempered glazing is required within 24-inches of a door, within 18-inches of the floor when a single pane of glass exceeds 9-square feet; and within a wall enclosing a bathtub, shower, whirlpool, and the like. Window applicants must fill out Page 2. \*Always refer to the Code for specifics.*  |

**Signature of Applicant or Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(NOTE: Window Applications Must Fill Out Page 2)**

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|  | Yes | No |
| A. Are any of the windows being replaced within 24” of any door? |  |  |
| B. Are any windows within an enclosure of or adjacent to a bathtub or shower? |  |  |
| C. Are any of the windows in B above less than 60” above the standing or walking surface? |  |  |
| D. Do any of the windows meet all of the following: Any single pane of glass more than 9 square feet in area? Bottom edge of glass is less than 18” above the floor? The top edge of the glass is more than 36” above the floor? Glass is within 36” of a walking surface? |  |  |
| E. Do any of the windows enclose an indoor swimming pool or hot tub? |  |  |
| F. Are any of the windows within 36” vertically of a ramp, stairway, or landing?  |  |  |
| G. Are any windows within 60” of the bottom tread of a stairway? |  |  |

If you checked “yes” to any of the above, safety glazing (tempered or laminated) may be required in those windows. You will be required to provide additional information to determine if safety glazing is required. Furthermore, access to the interior of the dwelling may be required for the final inspection to verify safety glazing is in the appropriate locations.

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| --- | --- | --- |
|  | Yes | No |
| H. Are any replacement windows being installed in a bedroom? If yes, is the replacement window the manufacturer’s largest standard size window that will fit within the existing frame or existing rough opening? Is the replacement window the same operating style as the existing window? If no, is the replacement window of a style that provides for a greater window opening area than the existing window? |  |  |
| I. If yes, type of current bedroom windows (casement, double hung, etc.) |  |
| J. Type of new bedroom windows (casement, double hung, etc.) If you are replacing bedroom windows that are different style than original, the new windows must meet egress requirements. |  |  |
| K. Will bedroom replacement windows be the largest standard window fitting the existing frame or rough opening? |  |  |
| L. Is the room or areas used for any Minnesota state licensed purpose requiring an egress window? If yes, a window meeting all the requirements for egress must be installed. |  |  |
| M. Will any rough-openings be changed? Identify location and specify new header sizing: |  |  |
| N. Number of windows being replaced. |  |  |