



1700 North Broadway • Suite 128  
Rochester, MN 55906  
507-282-8206 • FAX 281-0391

**THE FOLLOWING ITEMS ARE CONDITIONS FOR PERMIT ISSUANCE**

**STRICT COMPLIANCE IS MANDATORY**

**WINDOW REPLACEMENT:**

1. Window(s) shall be installed and flashed in accordance with the manufacturer's written installation instructions. R612.1
2. Fenestration U-factor shall not exceed 0.32. Chapter 1322 Table R402.1.1
3. Written instructions shall be provided for each window and shall be on the job site at time of inspection. R612.1
4. Smoke alarms required in all areas leading to sleeping rooms and in each sleeping room. Smoke alarms to be interconnected with building wiring and shall be equipped with a battery backup. R314.3.1
5. Carbon monoxide alarms shall be required in all single family homes and multi-family apartment units. General location requirements: within ten (10) feet of each sleeping room. MN Stat.299F.50

**DOOR REPLACEMENT:**

1. Door(s) shall be installed and flashed in accordance with the manufacturer's written installation instructions.
2. Fenestration U factor shall not exceed 1.2 for un-insulated metal, 0.6 for insulated metal and 0.5 for wood doors. Table R303.1.3(2)
3. Written instructions shall be provided for each door and shall be on the job site at the time of inspection.
4. Smoke alarms required in all areas leading to sleeping rooms and in each sleeping room. Smoke alarms to be interconnected with building wiring and shall be equipped with a battery backup. R314.3.1
5. Carbon monoxide alarms shall be required in all single family homes and multi-family apartment units. General location requirements: within ten (10) feet of each sleeping room. MN Stat.299F.50

Jay Kruger  
Building Official

**CALL CMS FOR FRAMING & FINAL INSPECTION**  
**507-282-8206 • 800-940-2547**



BUILDING PERMIT APPLICATION
City of St. Charles · 830 Whitewater Ave.
(P) 507-932-3020 (F) 507-932-5301

Date Received: Received by: Permit #:

APPLICANT - COMPLETE INFORMATION BELOW

Project Address: PID #:
Legal Description:
Property Owner: Phone:
Address: City: Zip:
General Contractor: License #: Phone:
Plumbing Contractor: License #: Phone:
Mechanical Contractor: Phone:

Proposed Use [Check All That Apply]:

Dwelling Commercial/Industrial Home Addition Garage Finish Basement
Windows Shed Deck Porch Fireplace Reroof Siding
Furnace A/C Water Heater Other

Description of Project:

Project Dimensions:
Use and Occupancy: Residential Commercial Industrial Other:
Type of Construction: Estimated Project Value: \$

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 has 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. REFUND POLICY: Upon request of cancellation of building permits, refunds will be based on expenses for office time, inspections, and zoning fees that were completed prior to the cancellation notice.

ZONING: Have there been any prior requests or zoning issues with this property? Yes No

Name [please print]: Address:
City/State: Zip: Phone:
Signature: Date:

CITY USE ONLY

PLANNING: Zoning District: Minimum Setbacks Required: Front Side
Rear Road Right-of-Way Other:

Subject to the following conditions:

Call PW Supt. for setback inspection (Kyle @ 507-259-7449) Call CMS for all applicable inspections

Approved by: Date:

BUILDING INSPECTOR USE ONLY

Approved by: Date:

FEES

Building Permit: Plan Review: St. Surcharge:
Plumbing Permit: Plan Review: St. Surcharge:
Mechanical Permit: Plan Review: St. Surcharge:
Sewer/Water Inspect. Sanitary Distr. Water mtr/copp:
Water Hookup: Sewer Hookup: Sump Pump Insp.
TOTAL DUE: Other:

Date Issued: Issued By: Receipt #:

**BUILDING PERMIT APPLICANT: PROPERTY OWNER**

I, \_\_\_\_\_, (print name) understand that the State of Minnesota requires that all residential building contractors, remodelers and roofers obtain a state license unless they qualify for a specific exemption from the licensing requirements. This license requirement applies to owners of residential real estate who build or improve such property for purposes of speculation or resale.

By signing this document, I attest to the fact that I am improving this house for my own use and am not building or improving this house for the purpose of reselling it. I hereby claim to be exempt from the state licensing requirements because I am not in the business of building or remodeling on speculation or for resale and that the house for which I am applying for this permit, located at \_\_\_\_\_ is the first residential structure I have built or improved in the past 24 months. I also acknowledge that because I do not have a state license, I forfeit any mechanic's lien rights to which I may otherwise have been entitled under Minn. Stat. §514.01.

Furthermore, I acknowledge that I may be hiring independent contractors to perform certain aspects of the construction or improvement of this house and I understand that some of these contractors may be required to be licensed by the State of Minnesota. I understand that unlicensed residential contracting, remodeling, and/or roofing activity is a misdemeanor under Minn. Stat. §326B.082, subd.16 and can also result in a fine of up to \$10,000. I further state that I understand that the filing of a false statement with the City/Township of \_\_\_\_\_ may also result in criminal prosecution and/or civil penalties pursuant to applicable city/township ordinances and/or state statutes.

I have also been informed and acknowledge that by listing myself as the contractor for this project, I alone will be responsible to the City/Township of \_\_\_\_\_ for compliance with all applicable building codes and city/township ordinances in connection with the work being performed on this property.

**Name (signature)** \_\_\_\_\_ **Date** \_\_\_\_\_

For questions or information on contractor licensing, or to check the licensing status and enforcement history of a particular contractor, call the Minnesota Department of Labor and Industry, Construction Codes and Licensing Division, at (651) 284-5069. The Web site is: [www.doli.state.mn.us/contractor](http://www.doli.state.mn.us/contractor)

(k:b&s/2008/misc/forms/selfwaiver\_rev1-08)

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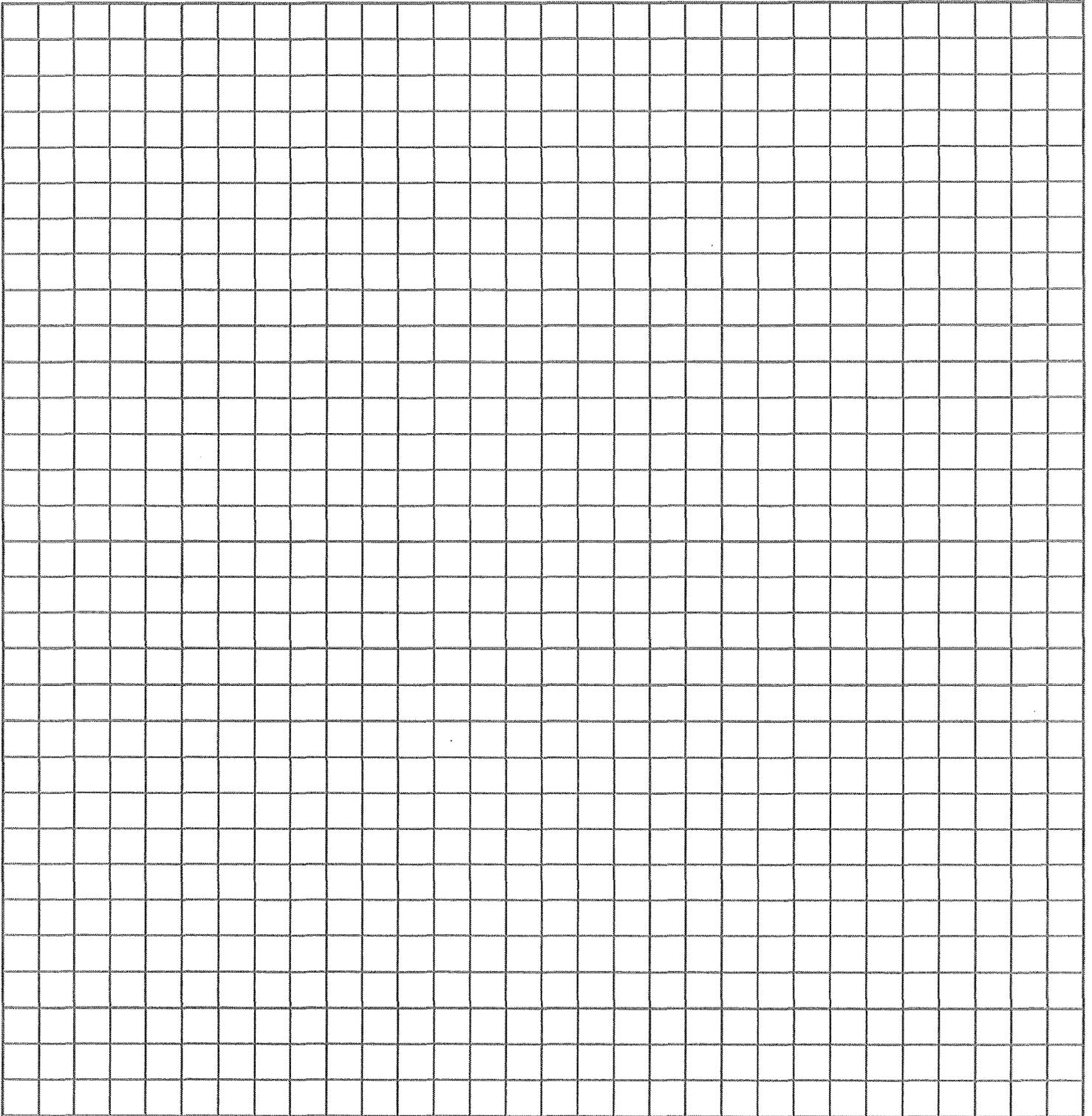
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(k:b&s/2008/rnisc/forms/selfwaiver\_rev1-08)



1 Block = 1/4"

**Include the following on the Plot Plan:**

1. Distance in feet from side lot lines.
2. Distance in feet from rear lot line.
3. Distance in feet from front lot line.
4. Height in feet.
5. Size of proposed structure.
6. Distance from other structures.