

**BUILDING PERMIT APPLICATION**  
**City of St. Charles**  
**507-932-3020**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Permit #: \_\_\_\_\_

-----**APPLICANT COMPLETE INFORMATION BELOW**-----

Project Address: \_\_\_\_\_ or PID #: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

General Contractor: \_\_\_\_\_ License #: \_\_\_\_\_ Phone: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_ License #: \_\_\_\_\_ Phone: \_\_\_\_\_

Mechanical Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Proposed Use [Check One]: Dwelling \_\_\_ Private Garage \_\_\_ Deck \_\_\_ Home Addition \_\_\_

Pole Building \_\_\_ Finish Basement \_\_\_ Three Season Porch \_\_\_ Business/Commercial \_\_\_

Fireplace \_\_\_ Reroof \_\_\_ Siding \_\_\_ Furnace \_\_\_ Water Heater \_\_\_ Other: \_\_\_\_\_

Description of Project: \_\_\_\_\_

Dimensions: \_\_\_\_\_

Use and Occupancy: \_\_\_\_\_ Type of Construction: \_\_\_\_\_

Estimated Value: \_\_\_\_\_ Lot Size/Dimensions: \_\_\_\_\_

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? \_\_\_\_\_

Name [please print]: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----**CITY USE ONLY**-----

**PLANNING:** Zoning District: \_\_\_\_\_ Minimum Setbacks Required: Front \_\_\_\_\_

Side \_\_\_\_\_ Rear \_\_\_\_\_ Road Right-of-Way \_\_\_\_\_ Other: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Subject to the following conditions: \_\_\_\_\_

**BUILDING INSPECTOR:** 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: \_\_\_\_\_ Other: \_\_\_\_\_

**TOTAL DUE:** 50.00

Date Issued: \_\_\_\_\_ Issued By: \_\_\_\_\_ Receipt #: \_\_\_\_\_

## BUILDING PERMIT APPLICANT: PROPERTY OWNER

I understand that the State of Minnesota required that all residential building contractors, remodelers and roofers obtain a state license unless they qualify for a specific exemption from the licensing requirements. By signing this document, I attest to the fact that I am building or improving this house myself. I hereby claim to be exempt from the state licensing requirements because I am not in the business of building 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. §5 14.01 . In the event that I do construct or improve another residential structure in the next 24 months, I will not do so until I obtain the required state license, understanding that failure to do so is a misdemeanor under state law.

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. §326.92, subd 1, and that I would forfeit my rights to reimburse from the Contractor's Recovery fund in the event that any contractors I hire are unlicensed.

I also acknowledge that as the contractor on this project, I am solely and personally responsible for any violations of the state building code and/or city ordinance in connection with the work performed on this property.

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Signature of Property Owner

Date

*To determine whether a particular contractor is required to be licensed, or to check on the licensing status of individual contractors, please call the Minnesota Department of Commerce, Enforcement Division at: (651) 296-2594 or toll free at 1-800-657-3602.*



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

THE FOLLOWING ITEMS ARE CONDITIONS FOR PERMIT ISSUANCE FOR RESHINGLING.

STRICT COMPLIANCE IS MANDATORY:

1. Only two (2) layers of asphalt shingles are permitted. R907.3
2. Provide ice dam protection on all roof edges. Protection shall extend from the eave's edge to a point at least 24" inside the exterior wall line. R905.2.7.1
3. Attic ventilation (house) to be provided that equals one (1) square foot of ventilation for each 150 square feet of attic space. 1/300 is allowed if half of the ventilation opening is in the top 1/2 of the roof. R806.3
4. Sidewall Flashing: Flashing against a vertical sidewall shall be by the step-flashing method. R905.2.8.4
5. This structure must comply with all portions of the Minnesota State Building Code whether noted on this plan or omitted. Failure to note any detail(s) on the plan does not remove the builder from the responsibility of complying with the Building Code.

Jay Kruger  
Building Official

CALL CMS FOR FINAL INSPECTION

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