



# APPLICATION FOR BUILDING PERMIT

Please complete in ink

**City of New Prague**  
118 Central Ave N, New Prague, MN 56071  
(952) 758-4401 Fax (952) 758-1149  
[www.ci.new-prague.mn.us](http://www.ci.new-prague.mn.us)

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Permit # \_\_\_\_\_

Date: \_\_\_\_\_ Site Address: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Contractor/ Applicant: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Homeowner: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Is this a residential building constructed before 1978? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Will the work disturb more than 6 square feet of paint per room inside, or more than 20 square feet of paint on the exterior of the home or building, or any window replacements? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Contractor EPA Lead Certification #: \_\_\_\_\_

## SUBCONTRACTOR INFORMATION

Plumber: \_\_\_\_\_ Registration #: \_\_\_\_\_ Phone: \_\_\_\_\_

Mechanical: \_\_\_\_\_ Registration #: \_\_\_\_\_ Phone: \_\_\_\_\_

Gas Fireplace Contractor: \_\_\_\_\_ No. Fireplaces: \_\_\_\_\_ Phone: \_\_\_\_\_

W/S Contractor: \_\_\_\_\_ Registration #: \_\_\_\_\_ Phone: \_\_\_\_\_

Size of Service: Water: \_\_\_\_\_ Sewer: \_\_\_\_\_ Water Meter: \_\_\_\_\_ W/S #: \_\_\_\_\_

Provide the following:
<input type="checkbox"/> 1 Digital Copy of Certified Land Survey
<input type="checkbox"/> 1 Copy of Erosion Control Plan
<input type="checkbox"/> 1 Digital Version of Building Plans
<input type="checkbox"/> 1 Copy of Energy Data (Exterior Envelope)
<input type="checkbox"/> MSBC Chapter 1323 – Residential Energy Code
<input type="checkbox"/> 1 Digital Brace Wall Plan
<input type="checkbox"/> MSBC Chapter 1323 – Commercial Energy Code
<input type="checkbox"/> Fire Sprinklers System

Please indicate project type:	
<input type="checkbox"/> Residential	<input type="checkbox"/> Misc. / Scope of Work
<input type="checkbox"/> Commercial / Industrial	<input type="checkbox"/> Porch
<input type="checkbox"/> Addition / Alteration	<input type="checkbox"/> Reroof
<input type="checkbox"/> Garage / Accessory Structure	<input type="checkbox"/> Reside
<input type="checkbox"/> Fireplace <input type="checkbox"/> Gas <input type="checkbox"/> Wood Quantity: _____	<input type="checkbox"/> Doors
<input type="checkbox"/> Deck <b>Include Brand Name &amp; Product Line</b>	<input type="checkbox"/> Windows
<input type="checkbox"/> Lawn Irrigation	<input type="checkbox"/> Finish Basement
	<input type="checkbox"/> Swimming Pool <b>Brand, Height &amp; Diameter</b>
	<input type="checkbox"/> Hot Tub - Brand/Model & Volume

**ESTIMATED VALUE OF WORK (Include labor): \_\_\_\_\_ (omit cents)**

I hereby certify that the information contained herein is correct and agree to do the proposed work in accordance as described above and according to the provisions of the ordinances of the City of New Prague, and the State Building Codes. I further agree that any plans and specifications submitted herein shall become part of this permit application. I also understand this permit is valid for a period of 180 days (6 months). **Permit shall be null and void if authorized work is not started within 180 days or if work is suspended or abandoned for 180 days or more after work is started.**

**Signature of the Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Total Permit Cost: \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date Paid: \_\_\_\_\_

***A Certificate of Occupancy is required prior to occupancy or use of the structure. This will be issued on completion of a satisfactory final inspection approval by the Building Department.***

**(FOR OFFICE USE ONLY)**

Permit # \_\_\_\_\_

PID #: \_\_\_\_\_ Site Address: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Minimum Setbacks: Front Yd \_\_\_\_\_ Side Yd \_\_\_\_\_ Rear Yd \_\_\_\_\_ Side/Street Row \_\_\_\_\_

Application approved for issuance by:

\_\_\_\_\_ Date: \_\_\_\_\_  
Plan Review

\_\_\_\_\_ Date: \_\_\_\_\_  
Planning & Zoning

Type of Construction: \_\_\_\_\_ Occupancy Group: \_\_\_\_\_ Use of Building: \_\_\_\_\_

**SQUARE FOOT TOTALS**

Total Square Feet: \_\_\_\_\_

Comments / Special Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VALUATION OF WORK** \$ \_\_\_\_\_

**BUILDING PERMIT FEE SCHEDULE**

Building Permit	\$ _____
Plan Review Fee	\$ _____
State Surcharge	\$ _____
Planning Site Review	\$ _____
Park Dedication Fee	\$ _____
Water Meter Fee	\$ _____
Water Connection Fee	\$ _____
Sewer Connection Fee	\$ _____
Builders Escrow	\$ _____
Plumbing Permit Fee (Residential)	\$ _____
Mechanical Permit Fee (Residential)	\$ _____
Fireplace Permit Fee (Residential)	\$ _____
Electric Service (200 Amp Residential Underground)	\$ _____
Engineer Survey Review	\$ _____
Other Outstanding Fees	\$ _____

**TOTAL FEE** \$ \_\_\_\_\_