

RE-SIDING PERMIT PACKET

Return this completed packet along with
your drawings/design information
to City Hall

All information below must be submitted before a building
permit can be processed and approved

- 1. Building Permit Application form.**
All information to be filled in
- 2. Affidavit**
Shall be notarized
- 3. Property Owner Waiver**
Complete only if owner is doing the work
- 4. Re-siding Questioner**

<u>Residential</u>	
Permit Fee:	\$25.00
State Sur-Charge	\$1.00
Total Fee	\$ 26.00
(submit with application)	

<u>Commercial</u>	
[Based on Valuation]	
Estimated P.R. Fee:	\$75.00
(submit with application)	

[Fees will be calculated during the review process. Balance will be due and payable when the review process is completed. Overpayments will be refunded.]

[If you proceed with work prior to *applying for or receiving* a permit, you are in violation of the building code, you will be required to uncover/remove items installed and an investigation fee will be charged along with the permit fees. Additional fees and penalties may be administered.]

RETURN ALL APPLICATION DOCUMENTS TO THE CITY HALL
If all information is not received, application will be returned for completion and resubmittal



Brad Bail, P.E.
Structural Specialist

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*Please call if you have
any questions, Thanks*

CITY OF ADA
P.O. Box 32
Ada, MN 56510

Permit # _____

BUILDING PERMIT APPLICATION

Project Address _____ or PID # _____

Property Owner _____ Phone: _____

Cell Phone: _____

Address _____ City: _____ Zip _____

Fax: _____

CONTRACTOR NAME

License #

Phone

General _____

Plumbing _____

Mechanical _____

Proposed Use:				
<input type="checkbox"/> Dwelling	<input type="checkbox"/> Private Garage	<input type="checkbox"/> Home Addition	<input type="checkbox"/> Finish Basement	<input type="checkbox"/> Pole Structure
<input type="checkbox"/> Fireplace	<input type="checkbox"/> Deck	<input type="checkbox"/> Siding	<input type="checkbox"/> Three season addition	<input type="checkbox"/> Business/Commercial
<input type="checkbox"/> Furnace	<input type="checkbox"/> Water heater	<input type="checkbox"/> Re-roofing	<input checked="" type="checkbox"/> Siding	
Description of project:				
Dimensions of Structure	Use/Occupancy	Type of construction	Lot Size/Dimensions	Estimated Valuation
_____	_____	_____	_____	\$ _____

When issued, a 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. By signing this permit application, 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.

Name [Please Print] Address State Zip

Signature of Applicant Phone Date

* Please review handout on your particular project for the list of submittal items & information needed when applying for a permit.

Pre-Paid Fees \$ _____ Received By: _____ Receipt # _____ Date: _____

RE-SIDING APPLICATION QUESTIONIER

Please be very specific with your answers. This will assure that we have all the information we need to process your application. If information is missing or unanswered it will delay the process of issuance of a permit.

What type of siding will you be installing? _____

Do you plan to repair parts of the structure that have possibly decayed or been destroyed? _____ If yes, what will you be replacing and what materials will you be using? _____

What type of fastners will you be using? _____

A vapor barrier is required to be installed on the exterior side of the exterior sheathing. What type of material will you be using as a vapor barrier? _____

Are there any other materials that you will be installing on the exterior of the structure? _____

Flashing is required above and beside all windows, doors, and wood trim. What type of flashing will you be using? _____

What areas of the structure will you be replacing the siding on? _____

When do you propose to start your project? _____

Permit Number: _____

Parcel Number: _____

Building Permit Applicant: **PROPERTY OWNER**

Complete only if you, as homeowner, are doing the work yourself.

The purpose of this form is to have property owners acknowledge their responsibilities to the Minnesota State Building Code, to Zoning Ordinances, and to other applicable rules and regulations when they are acting as general contractor in building projects.

I, _____ 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 _____ in Ada, MN, 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 Minnesota State Statute 326B.082, subdivision 16, and can also result in a fine of up to \$10,000. I further state that I understand that the filing of false statement with the City of Ada may also result in criminal prosecution and/or civil penalties pursuant to applicable city ordinances and/or state statutes.

I have also been informed and acknowledge that by listing myself as the contractor for this project, I am solely and personally responsible to the City of Ada for compliance with all applicable State Building Codes and City Ordinances in connection with the work performed on this property.

Signature of Property Owner

Printed Name of Property Owner

Project Address

Date

PLEASE RETURN THIS SIGNED WAIVER WITH THE BUILDING PERMIT APPLICATION.

To determine whether a particular contractor is required to be licensed, or to check on the licensing status of an individual contractor, call the Minnesota Department of Labor and Industry, Codes and Licensing Division, at 1-651-284-5069.

AFFIDAVIT

STATE OF MINNESOTA)
) SS.
COUNTY OF _____)

ADDRESS OF SITE _____

Date _____

We, the undersigned, being first duly sworn, on oath depose and state based on personal knowledge as follows, to-wit:

1. That we are all the fee owners of the said real estate, or if all of the owners have not personally signed this affidavit below, then a valid power of attorney, conservator or person acting with proper authority as demonstrated by an attached court order for each said person has signed below on their behalf.
2. That we are in approval of the permit application submitted on (date) _____ to the City of _____ for changes, alterations, new building and/or additions to the buildings/land at:
Address: _____
City, State, Zip _____
3. That we are knowledgeable of the permit application design and /or changes to the said property and approve of such work being done on/to the property.
4. That all information contained in the attached permit application submitted herewith is true and correct.

OWNERS

(All owners or those with proper authority as described above)

PRINTED NAME _____

SIGNATURE _____

PRINTED NAME _____

SIGNATURE _____

PRINTED NAME _____

SIGNATURE _____

Subscribed and sworn before me this _____ day of _____, 20____.

Owner to complete and return to:

NOTARY PUBLIC SIGNATURE _____

City of Ada
P.O. Box 32
Ada, MN 56510
Phone: (218)784-5520
Fax: (218)784-2711

NOTARY PUBLIC PRINTED NAME _____

Permit Number: _____

Parcel Number: _____

Property Owner Waiver

Minnesota State Contractor Licensing Requirements

The purpose of this form is to have property owners acknowledge their responsibilities to the Minnesota State Building Code, to Zoning Ordinances, and to other applicable rules and regulations when they are acting as general contractor in building projects.

I 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. By signing this waiver, I attest to the fact that I am building or improving my property by myself. I claim to be exempt from the State License requirements because I am not in the business of building on speculation or for resale and this is the first residential structure that I have built or improved in the past 24 months.

I 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 Minnesota State Statute 514.01.

I acknowledge that I may be hiring independent contractors to perform certain aspects of the construction or improvement of this property. 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 Minnesota State Statute 326.92, subdivision 1, and that I forfeit my rights to reimbursement from the Contractor's Recovery Fund in the event that any contractors that 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 jurisdictional Ordinance in connection with the work performed on this property.

Signature or Property Owner

Printed Name of Property Owner

Project Address

Date

PLEASE RETURN THIS SIGNED WAIVER WITH THE BUILDING PERMIT APPLICATION.

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