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## Commercial Siding Replacement - General Scope of Work

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Answer all questions and submit with your permit application.

1. Is this a child occupied structure? (circle one) Yes / No

[A child-occupied facility is a building, or a portion of a building, constructed prior to 1978, visited regularly by the same child, under 6 years of age, on at least two different days within any week (Sunday through Saturday period), provided that each day's visit lasts at least 3 hours and the combined weekly visits last at least 6 hours, and the combined annual visits last at least 60 hours. Child-occupied facilities may be located in public or commercial buildings or in target housing.]

2. If you answered "yes" to question 1, The Requirements for Lead Safe Work Practices apply to structures constructed prior to 1978.

3. Will you be replacing or repairing anything other than Siding? (circle one) Yes / No

4. If you answered "yes" to question 3, identify what will be replaced or repaired.

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5. What is/are the existing siding material(s)?

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6. Will you be removing the existing siding materials? (circle one) Yes / No

7. Will you be reusing any of the existing materials? (circle one) Yes / No

8. If you answered "yes" to question 7, identify all of the materials that will be reused.

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9. List all of the new siding materials that will be installed.

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(Attach additional sheets as needed.)



2415 Wilshire Blvd  
Mound, MN 55364  
Phone 952-472-0607  
Fax 952-472-0620

- Handout Given  
 Lead Handout Given

**BUILDING PERMIT**

Routed to MNSPECT

TO BE FILLED OUT BY APPLICANT - INCOMPLETE APPS MAY NOT BE PROCESSED

SITE ADDRESS: \_\_\_\_\_ PID: \_\_\_\_\_

- 1) Was the home constructed before 1978? (YES , continue with line 2, NO  continue without completing EPA Section)
- 2) Will the work disturb ≥6 sq ft of interior painted surfaces or ≥20 sq ft of exterior painted surfaces? (YES  go to line 4, NO  line 3)
- 3) Are there any windows being replaced? (YES , go to line 4, NO  continue without completing EPA Section)
- 4) Has this home been Certified Lead Free? (YES , you MUST Attach Certification Information, NO  complete line 5)
- 5) EPA Contractor Certification Number: **NAT** -

PROPERTY OWNER: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contractor License No: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

ARCHITECT: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>TYPE OF WORK:</b>	<input type="checkbox"/> New Construction	<input type="checkbox"/> Deck	<input type="checkbox"/> Re-Roof
<input type="checkbox"/> Commercial <input type="checkbox"/> Residential	<input type="checkbox"/> Change of Use	<input type="checkbox"/> Pool	<input type="checkbox"/> Re-Side
<b>EST. VALUATION OF WORK</b>	<input type="checkbox"/> Finish Basement	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Shed _____
\$ _____	<input type="checkbox"/> Remodel	<input type="checkbox"/> Porch	<input type="checkbox"/> Window/Door Replacement
Square feet: _____	<input type="checkbox"/> Addition	<input type="checkbox"/> Demolition	# being replaced _____
<b>Detailed Description of Work:</b>	<input type="checkbox"/> Garage-Attached/Detach	<input type="checkbox"/> Misc Other	<input type="checkbox"/> Misc Other
	<input type="checkbox"/> Accessory Structure		

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required and authorizes the Zoning Administrator or designee and the Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice. I hereby acknowledge that I have read this application and state that all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with approved plans, specifications and conditions and to abide by all ordinances of the Municipality and the laws of the State of Minnesota regarding actions taken pursuant to this permit. I agree to pay all plan review fees even if I choose not to proceed with the work. Permit expires when work is not commenced within 180 days from date of permit, or if work is suspended, abandoned, or not inspected for 180 days. Work beyond the scope of this permit, or work without a permit or inspection, will be subject to a penalty.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_  Owner  Contractor  Owner's Representative

OCCUP. TYPE: \_\_\_\_\_ CONST. TYPE: \_\_\_\_\_ CODE: \_\_\_\_\_ BLDG SPRINKLED Yes / No

VALUATION: \$ \_\_\_\_\_ COPIED \_\_\_\_\_ APPROVED \_\_\_\_\_

Permit Fee: \$ _____ Plan Review Fee: \$ _____ State Surcharge: \$ _____ Site Inspection Fee: \$ _____ S.E.C. Fee: \$ _____ Investigation fee / Other Fee: \$ _____ Copy Charge (\$ .25 per 8.5 x11 page) \$ _____ License Check (\$5) / Lead Check (\$5) \$ _____ <b>Sub Total \$</b> _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">ZONING</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> <tr> <td style="text-align: center;">CITY ENG/DPW</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">PUBLIC WORKS</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">UTIL</td> <td style="text-align: center;">TAX</td> <td style="text-align: center;">OTHER</td> </tr> <tr> <td style="text-align: center;">ASSESSING/UTIL BILL</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">BUILDING OFFICAL</td> <td></td> <td></td> <td></td> </tr> </table>	ZONING				CITY ENG/DPW				PUBLIC WORKS					UTIL	TAX	OTHER	ASSESSING/UTIL BILL				BUILDING OFFICAL			
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ASSESSING/UTIL BILL																									
BUILDING OFFICAL																									

Special Conditions/Required Setbacks: \_\_\_\_\_

Building Approval By: \_\_\_\_\_ DATE: \_\_\_\_\_

Printed Building Approval By: \_\_\_\_\_  License Verification  Lead Verification - Checked By: \_\_\_\_\_

City Approval By: \_\_\_\_\_ DATE: \_\_\_\_\_

Information supplied on this form will be considered public according to the MN Government Data Practices Act.  
See reverse side for an important statement regarding Indian Mounds.

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