

## Commercial Window and Door Replacement General Scope of Work

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 changing any rough opening sizes? (circle one) Yes / No
  
4. **If you answered "yes" to question 3**, you will need to submit drawings identifying locations of the openings being changed with respect to the structure, new framing member materials, and sizes of new framing members.
  
5. Will you be cutting in new openings? (circle one) Yes / No
  
6. **If you answered "yes" to question 5**, you will need to submit drawings identifying the locations of the new openings, existing openings, new framing member materials, the sizes of new framing members, property lines, and distances from adjacent structures.
  
7. List **all** of the sizes and styles of the existing windows and doors that will be replaced.  


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8. List **all** of the sizes and styles of the new windows and doors that will be installed.  


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9. List **all** of the additional 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

**BUILDING PERMIT**

Handout Given

Lead Handout Given

**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"/> Commercial <input type="checkbox"/> Residential	<input type="checkbox"/> New Construction	<input type="checkbox"/> Deck	<input type="checkbox"/> Re-Roof
	<input type="checkbox"/> Change of Use	<input type="checkbox"/> Pool	<input type="checkbox"/> Re-Side
<b>EST. VALUATION OF WORK</b> \$ _____ <i>Square feet:</i> _____	<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 # being replaced _____
<b>Detailed Description of Work:</b>	<input type="checkbox"/> Addition	<input type="checkbox"/> Demolition	<input type="checkbox"/> Misc Other
	<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

<b>OCCUP. TYPE:</b> _____	<b>CONST. TYPE:</b> _____	<b>CODE:</b> _____	<b>BLDG SPRINKLED Yes / No</b>		
<b>VALUATION: \$</b> _____			<b>COPIED</b>	<b>APPROVED</b>	
Permit Fee: \$ _____			<b>ZONING</b>		
Plan Review Fee: \$ _____			<b>CITY ENG/DPW</b>		
State Surcharge: \$ _____			<b>PUBLIC WORKS</b>		
Site Inspection Fee: \$ _____				<b>UTIL</b>	<b>TAX</b>
S.E.C. Fee: \$ _____					<b>OTHER</b>
Investigation fee / Other Fee: \$ _____			<b>ASSESSING/UTIL BILL</b>		
Copy Charge (\$ .25 per 8.5 x11 page) \$ _____			<b>BUILDING OFFICAL</b>		
License Check (\$5) / Lead Check (\$5) \$ _____					
<b>Sub Total \$</b> _____					

**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.

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

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