

## RESIDENTIAL WINDOW/DOOR REPLACEMENT

- Residential window and door replacement permits are issued over the counter at the municipality office. No permit is required to replace broken glass in an existing sash.
- **VALID** for single-family homes, duplexes, and townhomes. (Does NOT include condominiums, apartment complexes, and commercial properties.)
- Each address requires a separate permit.
- Contractor must be EPA Certified IF home was constructed before 1978 (see application).
- Replacement windows/doors must be the **SAME SIZE**. In Sleeping Rooms, the **unobstructed open area of the window, when fully open, may NOT be reduced**.
- If window size is being changed or if framing is being added or removed, a separate framing permit is required. When replacing a window opening with a bay window, a framing permit is required.
- All materials and the installation of all materials must comply with the Minnesota State Building Code and the manufacturers' installation specifications for each product.

### PERMIT CARD (throughout the project) shall be:

**POSTED** prior to start of work - **VISIBLE** from street or driveway - **ACCESSIBLE** to the inspector

### INSPECTION REQUIREMENTS:

- **MUST** schedule during office hours **AT LEAST** one business day prior to required inspection. If a specific date and/or time will be required, more notice may be needed – please plan ahead. A re-inspection fee may be charged for failure to cancel an inspection for which you are not ready, or for failure to pass an inspection.
- Office Hours: Monday - Friday • 8:00 a.m. - 4:30 p.m.
- Phone: (952) 442-7520 or (888) 446-1801

**Inspection:** For window replacements, an inspection is required *prior to the installation of any interior trim*. For window inserts, an inspection is required *after the work has been completed*.

- ✓ Access to the interior of the structure must be provided by someone 18 years of age or older.
- ✓ The required smoke and carbon monoxide detectors must be installed and functioning. (See "Notice" on third page of handout.)
- ✓ Provide photographs of the original sleeping room windows, and identify each window's original location.
- ✓ See Project Checklist (following) for additional requirements.
- ✓ **Failure to comply with inspection and installation requirements may result in: 1) the requirement to remove materials, 2) penalty fees, and/or 3) a license investigation under Minnesota Statute 326B.84.**

**Warning:** The inspector may issue an order to remove materials to verify compliance with the MN State Building Code and manufacturer's installation requirements.

If a re-inspection is required, a re-inspection fee will apply. The permit holder (the signing applicant) or the permit holder's representative must meet the inspector at the site to provide access. The re-inspection will not be conducted if the re-inspection fee is not paid.

**Note:** The State of Minnesota requires that all residential building contractors, remodelers, roofers, plumbers, and electricians obtain a state license unless they qualify for a specific exemption from the licensing requirements. Any person claiming an exemption must provide a copy of a Certificate of Exemption from the Department of Labor & Industry to the Municipality before a permit can be issued.

**Note:** 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 Labor & Industry at 651-284-5065 or toll free 1-800-342-5354.

**Note:** For specific code requirements, please contact the Building Inspection Department at 952-442-7520 or 888-446-1801 or e-mail: [info@mnspect.com](mailto:info@mnspect.com).

## PROJECT CHECKLIST:

The following is a guideline to assist in compliance with the requirements of the MN State Building Code.

- If replacing a window in a sleeping room, refer to egress window handout.
- Smoke and Carbon Monoxide detectors are required. (See "Notice" on next page.)
- Flashing shall be installed at the head and sides of exterior window and door openings and shall extend to the surface of the exterior wall finish or to the water-resistive barrier for subsequent drainage.
  - ASTM certification sheet is required if no drip cap flashing is installed (ASTM E331).
  - Fenestration installation instructions must be provided for each window/door.
- Energy efficiency requirements:
  - U-Factor for windows must not be greater than .32.
  - U-Factor for skylights must not be greater than .55.
  - Windows must have U-Factor sticker in place at the time of inspection.

### REQUIRED SAFETY GLAZING LOCATIONS

R308.4	Location	Exceptions
.1	Glazing in fixed or operable panels of swinging, sliding, or bi-fold doors	1. Openings that would prevent passage of a 3 in. sphere 2. Decorative glass
.2	Glazing where any part of glass is within 24 in. arc of the operable door in closed position & <60 in. above floor or standing surface	1. Decorative glass 2. When protected by intervening wall or barrier 3. Glass perpendicular to door on latch side 4. When door only serves closet ≤3 ft. deep (reach-in closet) 5. Glass adjacent to fixed side of patio doors
.3	Walk-through hazard >9 sq. ft. & lowest edge <18 in. from walking surface & upper edge >36 in. above walking surface & ≤3 ft. horizontal from walking surface	1. Decorative glass 2. When protected by min 1 ½ in. high horizontal rail, 34 – 3" above walking surface. Rail must resist 50 lb. force per linear foot w/o contacting glass 3. Outboard panes ≥25 ft. above grade, roof, or other surface
.4	Guards, Railings, and guard infill components	none
.5	Walls, enclosures, or fences containing or facing hot tubs, spas, whirlpools, saunas, steam rooms, bath tubs, showers, swimming pools where the bottom exposed edge of the glazing is <60" measured vertically above any standing or walking surface	1. Glazing > 60", measured horizontally, in a straight line, from the water's edge of a bathtub, hot tub, spa, whirlpool, or swimming pool
.6	Glass adjacent to stairways, landings & ramps within 36 in. horizontally of walking surface & <60 in. above walking surface	1. When protected by min 1 ½ in. high horizontal rail 34-38 in. above walking surface w/rail above to resist 50 lb. force w/o contacting glass
.7		2. When >18 in. horizontally from a railing meeting req's of an open-stair guard
.8		3. When solid vertical surfaces installed 34-36 in. above walking surface & top of solid surface resists same loads as a guard
.7	Glass within 60 in. horizontally of bottom tread of stair in any direction when glass <60 in. above nose of tread	Same as exceptions .2 & .3 to item .6

# **NOTICE**

The improvements that you are undertaking require that, prior to receiving approval for your final inspection, we inspect your property for the proper installation of smoke detectors as required by MN Statute 299F.362 and MN State Building Code chapter 1309.0314, and/or carbon monoxide detectors as required by MN Statute 299F.51 and MSBC chapter 1309.0315. If the safety devices are not present, properly installed, and functional in your home, we will not be able to close your permit. In addition, a "re-inspection fee" will be charged for our re-inspection to verify the presence, placement, and proper functioning of these required safety devices.

This notice is intended to inform you of the existing requirements and is provided at the onset of your project in an effort to minimize any additional inconvenience or cost associated with the re-inspection.

A handout is available by fax or email to assist you in completing these required installations properly. If you have any additional questions, please call our office at 952-442-7520 or 888-446-1801. Smoke detectors should be replaced every 10 years.

Thank you in advance for your cooperation!

Scott Qualle

Building Official

## **Requirements for Smoke and Carbon Monoxide Detectors**

Smoke Detectors are required in each sleeping room, outside each separate sleeping area in the immediate vicinity of the bedrooms, and on each story of the dwelling. Wall mounted detectors should be located inside an area not more than 12" and not less than 4" from the ceiling. Ceiling mounted detectors should be no closer than 4" from a side wall or peak of a vaulted ceiling.

Carbon Monoxide detectors are to be located within 10' and on the same story of each room lawfully used for sleeping purposes. This requirement applies to all homes with fuel fired appliances or attached garages. Carbon monoxide detectors should be replaced every 6 years or per mfg. installation instructions.



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

**BUILDING PERMIT**

Handout Given \_\_\_\_\_

Lead Handout Given \_\_\_\_\_

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: \_\_\_\_\_

TYPE OF WORK:  New Construction  Deck  Re-Roof

Commercial  Residential  Change of Use  Pool  Re-Side

EST. VALUATION OF WORK  Finish Basement  Retaining Wall  Shed \_\_\_\_\_

\$ \_\_\_\_\_  Remodel  Porch  Window/Door Replacement

Square feet: \_\_\_\_\_  Addition  Demolition  # being replaced \_\_\_\_\_

Garage-Attached/Detach  Misc Other  Misc Other

Detailed Description of Work:  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) \$ \_\_\_\_\_

Sub Total \$ \_\_\_\_\_

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.

OFFICE USE ONLY