Building Department
Phone: (218)332-5437

building@fergusfallsmn.gov

Dwelling

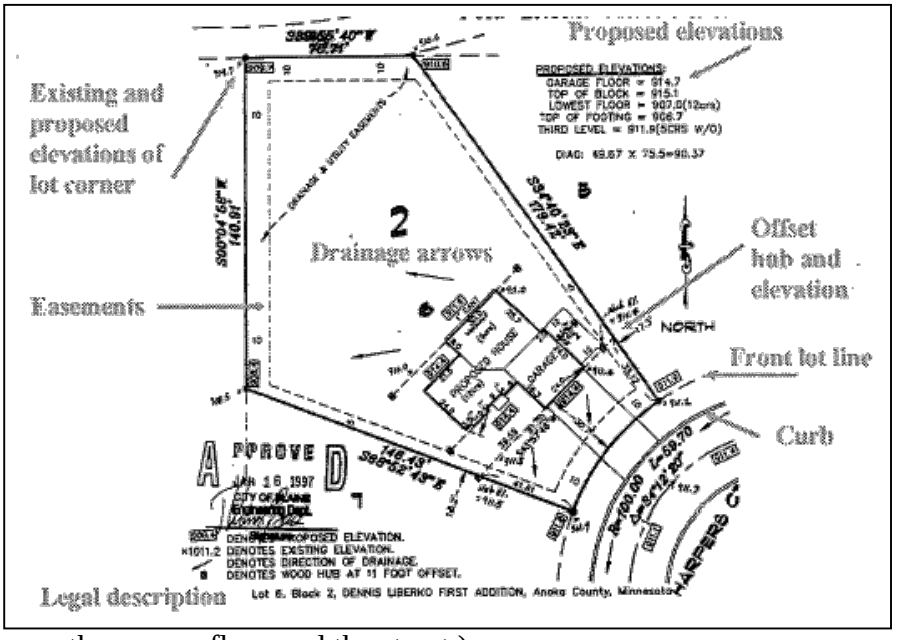
PLEASE INCLUDE THE FOLLOWING WITH YOUR PERMIT:

1. Completed **contractor form** (included on last page of this packet).

2. **One copy** of the following building plans (see below for required detail on each drawing):
   - □ **Site**
   - □ **Foundation**
   - □ **Floor Plan**
   - □ **Exterior Elevations**
   - □ **Cross Section**
   - □ **Truss Packet - Floor / Roof**
3. **Energy Code Certificate N1101.8** (included in this packet) shall be posted on or in the electrical distribution panel by the builder or registered design professional. (shall not obstruct circuit directory)
4. **Make-up air/ventilation form** (to be completed by a heating contractor and included in this packet).
5. Complete **septic system design** and evaluation report if applicable.
6. A signed **erosion control document** (included in this packet) agreeing to site erosion control.

Site Plan: Certificate of Survey

1. Full legal description including lot, block and addition name.
2. Complete property drawn to scale according to an accurate boundary line survey.
3. Size and location of new construction and existing buildings.
4. Setbacks from all property lines of all existing and proposed structure(s). (Required setbacks listed in this packet.)
5. Any easements on the property.
6. Established street grades and proposed finished grades. (indicate difference in elevation between the garage floor and the street.)



7. Proposed site drainage, driveway size and location.
8. Location of BMPs (silt fence, inlet protection), Soil stock piles, Track out protection.

Foundation Plan:

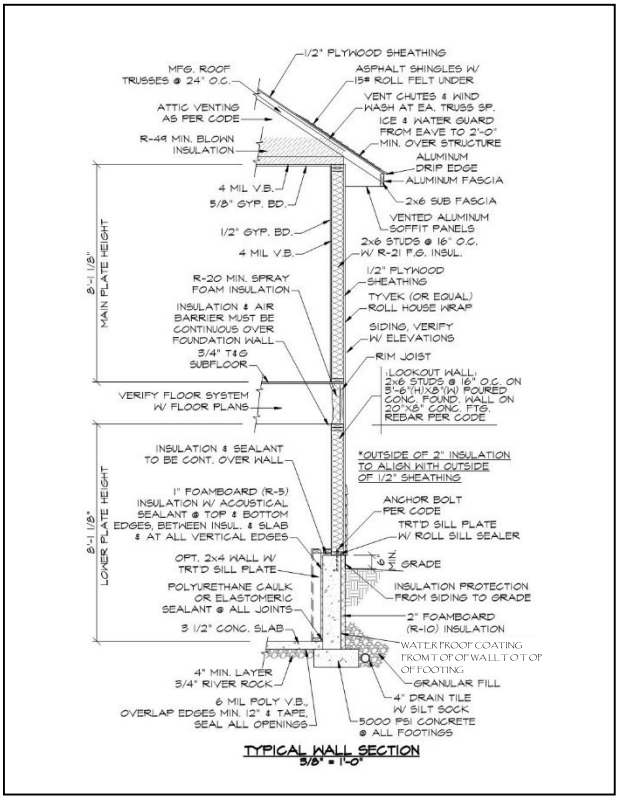
1. Continuous and column pad footings.
   a) Width and thickness.

b) Reinforcement size and placement.

2. Foundation wall thickness, height and material. Provide code/manufacturer's design and installation requirements for non-traditional foundations (e.g. ICF and wood foundations).

3. The following shall be labeled on the plan:

   a) Wall reinforcement location, size, spacing and point load locations.
   b) Insulation.
   c) Stairways.
   d) Egress window location(s). (Basements with habitable space, every sleeping room)
   e) Sill plate anchorage type, location and spacing.
   f) Sizes of treated sill plates.
   g) UFER ground location for electrical service bonding.
   h) Radon system design information.
   i) Water service/meter location



TYPICAL WALL SECTION
3/8" = 1'-0"

Floor Plans:

1. Room uses, dimensions and whether room will be finished or not.
2. Location of mechanical equipment, including:
   a) Heaters (i.e. furnace, water heater, etc.)
   b) Ventilation (air exchangers, exhaust fans, etc.)
   c) Large appliances (washer, dryer, etc.)
   d) Decorative appliances (gas fireplace, etc.)
3. Smoke Detector and Carbon Monoxide Detector locations.
4. Size and locations of bath tub and attic/crawl space access panels.
5. Window and door locations and sizes, manufacturer and unit numbers.
6. Floor joist sizes, spans and spacing.
7. Size of beam supporting joists along with girder locations.
8. Sizes and spacing of posts supporting beams.
9. Safety glazing and egress window locations.
10. Stair and landing locations, dimensions and required lighting.

Exterior Elevations:

1. All sides of the building.
2. Windows and doors.
3. Exterior finish.
4. Finish grade.

Cross Section: (from footing to roof)

1. Footing dimensions, reinforcement and drainage
2. Foundation wall material, dimensions, reinforcement, water-proofing and insulation - 6 mil poly over 2" below grade insulation *R402.1.1.3 (4)*.
3. Grade, distance from grade to bottom of footing and distance to wood framing.
4. Sill plate and rim joist type and size as well as rim joist insulation.
5. Anchor bolt size, type, location and spacing.
6. Floor joist type, span, spacing and sub-floor material.
7. Location and spacing of solid blocking or diagonal bracing where foundation walls are parallel to floor framing.

8. Wall framing type, height, insulation, headers, air/vapor barrier type and location, interior and exterior wall finishing materials.
9. Clear headroom dimensions at all floor levels.
10. Brick veneer, air space or lath, wall ties, weep holes and flashing.
11. Roof/ceiling framing, attachment to bearing walls, attic insulation, air/vapor barrier and ceiling finish.
12. Eave and rake overhang dimensions, energy heel height, wind-wash protection, roof ventilation, insulation baffles and fascia material.
13. Roof slopes, ice dam protection, roof underlayment and covering.

REQUIRED INSPECTIONS: The following inspections shall be obtained during the construction of the building. It is the responsibility of the party doing the work to make arrangements with the building department for inspections: **218-332-5419**

1. **Footing Inspection –** After excavation is complete, footings are formed, and reinforcing steel is in place. Lot corner pins must be marked to verify setbacks.
2. **Foundation –** Poured walls/ICFs or similar shall be inspected after all forms are in place and required reinforcing steel is in place. All foundation walls shall be inspected for waterproofing, drain tile, and other code requirements prior to backfill.
3. **Plumbing Underground –** After all below grade plumbing is completed and prior to covering.
4. **Concrete Slab and Under-floor –** After radon system is installed in-slab reinforcing steel is in place prior to placing concrete.
5. **Rough-ins** – Inspections of plumbing, mechanical, gas, sprinklers, and electrical systems shall be made before covering and concealment. Prior to or in conjunction with framing inspection.
6. **Framing Inspection –** After the roof, masonry, framing, fire-stopping, draft-stopping, and bracing are in place and after all Rough-ins are approved.
7. **Insulation Inspection –** After exterior walls are insulated and vapor barrier is installed and sealed.
8. **Lath and Gypsum –** Lath to be inspected prior to coating and gypsum to be inspected prior to taping if part of a fire-resistive assembly.
9. **Fireplaces –** Must be inspected for compliance with building code and manufacturer's instructions.
10. **Final Inspections –** After all construction is complete including carpentry, plumbing, mechanical, gas, sprinklers, and electrical systems.
11. **Landscape –** Once exterior site work is complete, finish grade has been established and stabilized, and sod and trees installed per ordinance.

Inspection Notes:

a. Plumbing – At rough-in drain/waste tested to 5 psi for 15 minutes. (Gauge not larger than 30 psi). At final inspection after all fixtures set, a minimum 1" water column for 15 minutes. Water distribution system shall be tested upon completion to not less than the maximum working pressure under which it is to be used.

b. Gas Piping – Prior to concealing gas lines, system is to be air tested at 25 psi for 10 minutes. (test pressure should be in the middle 50% of the gauge) At mechanical final when all appliances are attached to gas system, a manometer is required at normal operating pressure of the system.

c. Certificate of Occupancy – Occupancy is prohibited until a Certificate is issued by the Building Official.

NEW & ALTERED CONSTRUCTION MUST MEET THE FOLLOWING:

1. **Room Areas** – At least one habitable room (space used for living, sleeping, eating, or cooking) not less than 120 square feet, other habitable rooms not less than 70 square feet. (exception: Kitchens) Habitable rooms shall not be less than 7 feet in any direction. Min 7' ceiling height required with some exceptions.
2. **Fire-Blocking** – Required in the following locations to hinder the spread of a fire. (material: 2" nominal wood, ¾" plywood/OSB, ½" gypsum, fiberglass Batt insulation securely retained in place):
   A. In concealed spaces behind walls or in soffits every 10 feet horizontally.
   B. All interconnection of vertical to horizontal spaces such that occurs at soffits, drop ceilings, and cove ceilings.
   C. All openings around vents, pipes, ducts, cables and wires at ceiling and floor level.
3. **Emergency Egress Windows** – Required in Basements, and every sleeping room. Minimum clear opening width 20". Minimum clear opening height 24". Total clear opening area 5.7 square feet. Window well - minimum 3 feet by 3 feet and allow window to open fully.
4. **Width of Hallway** – Not less than 3 feet.
5. **Stairways** – Minimum of 36" wide, min 6'-8" height measured from line connecting tread nosing, max 7-¾" riser height, min 10" tread depth.(Treads/risers must be equal within 3/8" of all other treads/risers)
6. **Landings** – Minimum of 3 feet in direction of travel and as wide as the stair served. (required at top and bottom of stairs, door allowed at top of stairs provided it does not swing over the stairs)
7. **Handrails** – Required on at least one side of stairs with 4 or more risers. Located 34-38" above a line connecting tread nosing's. Must be continuous from top to bottom and not be interrupted by posts.
8. **Guardrails –** Required where there is more than a 30" drop. Minimum 36" height, openings in guard must restrict passage of a 4" sphere. Guards on stairs – minimum of 34" high, openings in guard on stairs must restrict passage of a 4-3/8" sphere.
9. **Window Fall Protection –** Where the lower part of a window opening is located more than 6 feet above grade, the lowest part of the window opening must be a minimum of 36" above the finished room floor or be equipped with hardware to prevent opening the window more than 4".
10. **Automatic Fire Sprinkler Systems (NFPA 13D or P2904) –** Fire sprinklers are required inall townhomes and two-family dwellings, and single-family dwellings.
11. **Smoke Alarms –** Required in each sleeping room, outside each sleeping area in the immediate vicinity of the bedrooms, and on each story of the dwelling including basements and habitable attics. Alarms must be hardwired, interconnected, and have battery backup.
12. **Carbon Monoxide Alarms –** Required when a fuel-fired appliance is installed or there is an attached garage. Shall be located outside and not more than 10 feet from each sleeping room.
13. **Under-stair Protection –** Enclosed accessible space under stairs shall have walls and underside of stairs covered with a minimum ½ inch gypsum board.
14. **Foam Plastic –** Foam insulation must be separated from the interior of a building with an approved thermal barrier of minimum ½" gypsum or other approved NFPA 275 thermal barrier material. Maximum thickness of 3-1/4" spray foam allowed in rim area/headers without a thermal barrier.
15. **Window/Door Flashing –** Flashing is to be installed per the manufacturer's installation instructions. All opening require Pan Flashing unless an alternate is provided in manufacturer's instructions. Pan flashing shall be sloped in such a manner as to direct water outside and over the weather-barrier.
16. **Other Flashing Areas:**
    A. Intersection of chimneys with frame or stucco walls.
    B. Under and at ends of masonry, wood, or metal copings and sills.
    C. Continuously above all projecting wood trim.

D. Where exterior porches, decks, or stairs attach to a wall or floor of wood-frame construction.
E. At wall and roof intersections.
F. Where exterior material meets in other than a vertical line.
G. Where sloped roofs terminated within a wall plane, kick out flashing to divert water away from wall.

17. **Attached Garages –** Openings from an attached garage cannot open directly into a sleeping room and must be equipped with a solid minimum 1-3/8" thick wood door, solid or honey-comb minimum 1-3/8" steel door, or a 20-minute fire rated door. Minimum ½" sheetrock on garage side of wall between garage and dwelling, minimum 5/8" sheetrock on ceiling of garage if dwelling space above. (*R302.6*)

18. **Roofs –** Attics must be vented at a rate of 1:150 square feet of the vented space, or 1:300 if 40-50% of the required venting is provided within 3 feet of the peak and the balance is provided at eave/cornice. Ice/Water underlayment required from eaves edge to 24" minimum inside exterior wall line. Attic access opening minimum 22" x 30" required to attics over 30 square feet with minimum of 30" vertical height. Access shall be located in a hallway or other readily accessible location.

19. **Address Numbers –** Must be visible from the street with minimum 4" high numbers with a minimum ½" stroke width. If home is not visible from a public way, a monument, pole, or other sign shall be used to identify the structure from the public way.

20. **Radon Venting –** A passive radon control system consisting of a gas permeable material (i.e. 4" of clean rock), a soil-gas membrane (6-mil poly), and vent piping (3" or 4" PVC or ABS) shall be installed. An outlet must be installed in the attic near the anticipated location of a fan (Conversion to Active).

21. **Backflow Protection –** All threaded hose type connections must be protected with an approved backflow protector. (Vacuum Breaker or Check valve)

22. **Shower/Bath Valves –** Require Anti-Scald valves which are thermostatic, pressure-balancing, or combination thermostatic and pressure-balancing complying with ASSE 1016.

23. **Toilets –** Minimum 15" clearance required from center of toilet to either side, or 24" clear space in front of the toilet. Minimum 6'-4" ceiling height at front center of toilet.

MINNESOTA ENERGY CODE (MEC) 1322 REQUIREMENTS:

1. **Building Certificate –** Required to be completed and posted on or in the electrical service panel. Must include address, contractor name, installed insulation types and R-values with location, ducts outside conditioned space, window U-factors, air leakage test results, information on all installed equipment (types, input ratings, manufacturers, model #'s, efficiencies) heating/cooling/water heating, structures calculated heat loss, cooling load, and heat gain, ventilation system type, location, capacity, buildings designed continuous/total ventilation rates, and make up air.
2. **Waterproofing –** Concrete and Masonry foundation walls must be waterproofed. Shall extend from top of footing, up entire exterior of wall and across top of wall to interior wall edge. Above grade waterproofing must be protected to 6" below grade.
3. **Table R402.1.1 – Insulation and Fenestration Requirements by Component.**

Maximum Fenestration U-Factor	Maximum Skylight U-Factor	Minimum Ceiling R-Value[1]	Min. Wood Frame Wall R-Value[2]	Min. Mass Wall R-Value[3]	Min. Floor R-Value	Minimum Basement Wall R-Value	Min. Slab[4] R-Value /Depth	Min. Crawl Space Wall R-Value
0.32	0.55	49	20 or 13+5	15/20	30	15	10, 3½ ft.	15

[1] Roof/ceiling assemblies shall have a minimum 6" energy heel. Min R-38 allowed if R-38 extends full depth over exterior wall plate.
[2] First value is cavity insulation, second is continuous sheathing or insulated siding, so "13+5" is R-13 cavity insulation with R-5 continuous sheathing or insulated siding. If structural sheathing covers 40% or less of the exterior, continuous insulation R-value shall be permitted to be reduced by no more than R-3 where the structural sheathing is used to maintain total sheathing thickness.
[3] The second R-value applies when more than half the insulation is on the interior of the mass wall.
[4] Insulation R-values for heated slabs shall be installed to the depth indicated or to the top of the footing, whichever is less.

4. **Basement Walls –** Concrete and masonry walls shall have a minimum R15 with a minimum R10 on the exterior side of the wall. Interior insulation other than closed cell spray foam, shall not exceed R-11. Only the minimum R10 on the exterior is required if blower door results do not exceed 2.6 air changes/hour and the total square feet of above grade foundation does not exceed 1.5 times the total lineal feet of foundation.
5. **Sunrooms –** Must comply with energy code unless thermally isolated from the home, then min R-24 allowed in ceiling, and min R-13 in exterior sunroom walls. Max U-factor for windows of sunroom exterior walls is 0.45, skylights are max 0.70.
6. **Air Leakage –** A blower door test at 50 Pascal must be conducted to verify the buildings thermal barrier leakage rate not allowed to exceed 5 air changes per hour. All recessed lights shall be IC-rated and labeled as having an air leakage rate not more than 2.0 cfm in accordance with ASTM E 283.
7. **Mechanical Ventilation –** Required to be balanced within +/-10% of design. Outdoor intakes/exhausts shall have automatic or gravity dampers that close when system is not operating. Intake/exhaust outlets must have permanent labels on exterior.
8. **Mechanical Ducts –** Use of framing cavities for supply or return air not allowed, all supplies and returns must be ducted and sealed. Any ducts outside the conditioned space must be insulated to min R-8 with a vapor jacket and the entire system must be pressure tested to no more than 4 cfm leakage per 100 square feet of conditioned space at 25 Pascal.
9. **Hot Water Pipe Insulation –** Min R-3 insulation required on piping larger than ¾", piping from water heater to kitchen fixtures, piping from water heater to distribution manifold, ½" pipe runs over 20', ¾" pipe runs over 10'.
10. **Lighting –** Minimum of 75% of the bulbs in permanently installed fixtures shall be CFL, T-8 or smaller fluorescent, or bulbs of 60 lumens/watt for bulbs over 40 watts, 50 lumens/watt for bulbs 16-40 watts, and 40 lumens/watt for bulbs 15-0 watts. Or 75% of permanently installed fixtures contain only bulbs complying with previous stated requirements.

City of Fergus Falls 112
W. Washington Ave
Fergus Falls, MN 56537
Phone: (218) 332-5467

GRADING
Permit Application

Office Use Only

App. No.:_____

Date:_____ Tenant/Building Name (If Applicable):_____

Site Address:_____ Block Lot Plat Parcel

Subdivision and/or Addition:_____ _____ _____ _____ _____

Applicant is: ☐Owner ☐Contractor ☐Other (describe):_____

Property Owner

Name:_____ _____ _____ Phone: (____)____-_____
Last First MI

Address:_____Email_____

City:_____ State:_____ Zip:_____

Excavator

Company:_____ Contr. No.:_____

Name:_____ _____ _____ Phone: (____)____-_____
Last First MI

Address:_____Email_____

City:_____ State:_____ Zip:_____

Engineer/ Designer

Company:_____ MN Reg. No.:_____

Name:_____ _____ _____ Phone: (____)____-_____
Last First MI

Address:_____Email_____

City:_____ State:_____ Zip:_____

Description of Work:_____

Approx. Start Date:_____ Approx. End Date:_____

No. of Cubic Yards:_____ Erosion Control Supervisor:_____
(Excavation or fill, whichever is greater)

I hereby apply for a grading permit, and I certify that the information above is complete and accurate. The work will be in conformance with applicable laws of the State of MN and ordinances of the City of Fergus Falls I understand this is not a permit but only an application for a permit and work is not to start without a permit. I certify that the work will be in accordance with all permit conditions and approval plans (in the case of work which requires a review and approval of plans).

_____ Date:_____
Applicants Signature

When validated by City Engineer, this is your permit:

_____ Date:_____
City Engineer Signature

CONSTRUCTION SITE EROSION CONTROL REQUIREMENTS

NOTE: A SILT FENCE IS REQUIRED IN THE FOLLOWING AREAS: ALL AREAS ADJOINING PUBLIC STREETS AND BACK TO PROPERTY LINES. THIS SHALL BE INSTALLED PRIOR TO EXCAVATING OR A STOP WORK ORDER WILL BE ISSUED.

All construction site activity in the City of Fergus Falls shall include the necessary precautions to control and mitigate the erosion of soil, sediment, silt, gravel, or other material onto adjacent roadways and properties. The Property Owner and/or Permit Holder for the construction site shall be responsible for complying with the requirements set forth below, including activities by subcontractors, suppliers, or others involved with the construction project. The list represents minimum requirements for all sites – larger projects or projects located on erosion prone or erosion sensitive sites may be subject to additional measures at the direction of the City Engineer or the Building Official.

1. All materials tracked or otherwise deposited on roadways adjacent to a construction site or on roadways being used as haul routes for material being delivered to or being removed from a site shall be cleaned daily, unless more frequent cleaning is required by the City.

2. All material, which is deposited on adjacent roadways as a result of a precipitation event, shall be removed, including the cleaning of storm sewer or overland drainage ditches, within 24 hours following the event.

3. Construction sites will be required to install silt fencing in all areas that adjoin public streets and back to the property line and any property line where soil can run on an adjoining property line that is established. For more severe erosion problems, additional measures shall be taken, such as installing hay bales, constructing berms or sediment traps, or taking other actions, which reduce or eliminate erosion from the site. Should an access onto the site be desired, a rock entrance or other similar entrance will be required. The silt fence shall be dug in or installed so as to protect the adjacent properties and maintained until all lawn or landscaping is installed.

4. Should the Property Owner/Permit Holder fail to clean the material from the roadway as need/directed or fail to install the appropriate erosion control measures, the following steps may be taken:

    a. A Stop Work Order will be issued on the project and shall remain in effect until such time as the necessary cleaning and installation of erosion control measures in complete.

    b. The City will contract for the necessary cleaning and installation of erosion control measures and bill the Property Owner/Permit Holder for said work. A Certificate of Occupancy will not be issued until such time as payment(s) for the work has been made.

    c. Issuance of additional permits to the Permit Holder for other construction projects within the City of Fergus Falls will be withheld until such time as corrective action is completed.

I,_____, the Property Owner/Permit Holder for the construction activity taking
Name
place at_____in the City of Fergus Falls declares that I have read,
Address
understood, and will abide by the conditions listed above regarding erosion Control on this project.

_____
Signed

_____ _____
Date Telephone

New Construction Energy Code Compliance Certificate

Per R401.3 Certificate. A building certificate shall be posted on or in the electrical distribution panel.

Date Certificate Posted

Mailing Address of the Dwelling or Dwelling Unit

City

Name of Residential Contractor

MN License Number

THERMAL ENVELOPE

Insulation Location	Total R-Value of all Types of Insulation	Type: Check All That Apply								Other Please Describe Here:
		Non or Not Applicable	Fiberglass, Blown	Fiberglass, Batts	Foam, Closed Cell	Foam Open Cell	Mineral Fiberboard	Rigid, Extruded Polystyrene	Rigid, Isocynurate	
Below Entire Slab										
Foundation Wall										
Perimeter of Slab on Grade										
Rim Joist (1st Floor)										
Rim Joist (2nd Floor)										
Wall										
Ceiling, Flat										
Ceiling, Vaulted										
Bay Windows or Cantilever Areas										
Floors over unconditioned area										
Describe other insulated areas										

Building Envelope Air Tightness:

Duct System Air Tightness:

RADON CONTROL SYSTEM

- ☐ Passive (No Fan)
- ☐ Active (With fan and manometer or other monitoring device)

Location (of future location) of fan:

Windows & Doors

Average U-Factor (excludes skylights and one door) U:	
Solar Heat Gain Coefficient (SHGC):	

Heating or Cooling Ducts Outside Conditioned Spaces

- ☐ Not Applicable, all ducts in conditioned space
- ☐ R-value

MECHANICAL SYSTEMS

Appliances	Heating System	Domestic Water Heater	Cooling System
Fuel Type			
Manufacturer			
Model			
Rating or Size	Input in BTUs:	Capacity in Gallons:	Output in Tons:
Efficiency	AFUE or HSPF%:		SEER/EER

Residential Load Calculations	Heating Loss	Heating Gain	Cooling Load

MECHANICAL VENTILATION SYSTEM

Describe any additional or combined heating or cooling systems if installed (e.g. two furnaces or air source heat pump with gas back-up furnace:

- ☐ HRV – Heat Recovery Ventilator – Capacity in cfms: Low: High:
- ☐ ERV – Energy Recovery Ventilator – Capacity in cfms: Low: High:
- ☐ Balanced Ventilation System – Capacity in cfms:

Continuous Ventilation Rate – Capacity in cfms:

Total Ventilation Rate – Capacity in cfms:

Location of Fan(s), describe :

Make-up Air *Select a Type*

- ☐ Not required per mech. code
- ☐ Passive
- ☐ Powered
- ☐ Interlocked with exhaust device.
- ☐ Other, describe:
- ☐ Cfm's

Location of duct or system:

- ☐ Round duct or square duct size

Combustion Air *Select a Type*

- ☐ Not required per mech. code
- ☐ Passive
- ☐ Other, describe

Location of duct or system:

- ☐ Cfms's
- ☐ Round duct or square duct size

Project Address_____

Owner_____ Contact Name_____

Address_____ City/State/Zip_____

Office Phone_____ Cell_____ Email_____

General Contractor_____ Contact Name_____

Address_____ City/State/Zip_____

Office Phone_____ Cell_____ Email_____

MN Building Contractor License Number_____

HVAC Contractor_____ Contact Name_____

Address_____ City/State/Zip_____

Office Phone_____ Cell_____ Email_____

Bond Number_____

Plumbing Contractor_____ Contact Name_____

Address_____ City/State/Zip_____

Office Phone_____ Cell_____ Email_____

License Number_____

Electrical Contractor_____ Contact Name_____

Address_____ City/State/Zip_____

Office Phone_____ Cell_____ Email_____

License Number_____

SWPPP Contractor_____ Contact Name_____

Address_____ City/State/Zip_____

Office Phone_____ Cell_____ Email_____

License Number_____

Excavation Contractor_____ Contact Name_____

Address_____ City/State/Zip_____

Office Phone_____ Cell_____ Email_____

Bond Registration_____

Paving Contractor _____ Contact Name _____

Address _____ City/State/Zip _____

Office Phone _____ Cell _____ Email _____

Bond Registration _____

Curbing Contractor _____ Contact Name _____

Address _____ City/State/Zip _____

Office Phone _____ Cell _____ Email _____

Bond Registration _____

Concrete Contractor _____ Contact Name _____

Address _____ City/State/Zip _____

Office Phone _____ Cell _____ Email _____

Sub Contracted Contractor _____ Contact Name _____

Address _____ City/State/Zip _____

Office Phone _____ Cell _____ Email _____

License Number _____

Sub Contracted Contractor _____ Contact Name _____

Address _____ City/State/Zip _____

Office Phone _____ Cell _____ Email _____

License Number _____

Sub Contracted Contractor _____ Contact Name _____

Address _____ City/State/Zip _____

Office Phone _____ Cell _____ Email _____

License Number _____

BUILDING DEPARTMENT

www.ci.fergus-falls.mn.us

BUILDING PERMIT APPLICATION

1. Date: _____

2. Building Address: _____
   Is there a well or septic system on this property? ☐ Yes* ☐ No *If yes, Letter of Compliance required by a licensed septic installer.

3. Permit Applicant: ☐Owner ☐Designer ☐Contractor

4. Lot #_____Block #_____Addition: _____

5. Owner's Name: _____
   Address:_____
   Telephone # _____

6. Contractor's Name: _____
   Address:_____
   Telephone #_____Cell Phone #_____
   State License Number:_____Exp:_____
   E-mail: _____

   Architect's Name: _____
   Address:_____
   Telephone #_____State License # _____

7. Estimated Value of Construction (labor + material): $_____

8. Project Square Footage or Dimensions: _____

9. Description of Project: _____

   _____

I hereby certify that I have completed and examined this application and certify that the information contained therein is correct. If a permit is issued, I agree all work will be done in conformance with all applicable ordinances and codes of the City of Fergus Falls and laws of the State of Minnesota.

Printed Name: _____
Signature:_____

For Office Use Only

Permit # _____

Due Date: _____

Permit Types

☐Building ☐Septic System

Property Types

☐Commercial	(COMM)	☐Modular	(MODU)
☐Condominium	(COND)	☐Multi-Family	(MULT)
☐Duplex	(DPLX)	☐Public Facilities	(PUBL)
☐Industrial	(INDU)	☐Residential	(RESI)
☐Institutional	(INST)	☐Townhomes	(TOWN)

Construction Types

☐Accessory Building	(ABLG)	☐Airplane Hangar	(APHG)
☐Addition	(ADDI)	☐Cold Storage Building	(CLDS)
☐Deck	(DECK)	☐Demolition	(DEMO)
☐Garage Attached	(GARA)	☐Egress Window	(EGRS)
☐Garage Detached	(GARD)	☐Foundation/Site work	(FOUN)
☐New Construction	(NEWC)	☐Plan Review	(PLRV)
☐Porch 3 Season	(PORC)	☐Swimming Pool	(POOL)
☐Remodel	(REMD)	Septic Systems:	
☐Window Replacement	(WIND)	☐Install Alt. System	(INSA)
		☐Install Mound	(INSM)
		☐Install Trench	(INST)

Valuation $_____
Occupancy Group_____
Bldg. Const. Type_____
Design Occupant Load_____
Plan #_____Date_____

Bldg. Square Feet_____
Number of Stories_____
Number of Units _____
Building Sprinkled..... ☐Yes ☐No
Applicable Edition of Code _____

☐Surcharge
☐Permit
☐Plan Check Fees
☐WAC # of Units _____
☐SAC # of Units _____
☐Parkland
☐Water Meter _____
☐Escrow

Project:

Location:

Contact:

	Date	Time	Company	Notes	Inspector
Building Permit					
Plumbing Permit					
Mechanical Permit					

Soils					
Footings/ Rebar					
Foundation Walls / Rebar					
Foundation Insulation					
Water Proofing					
Slip Sheet					
Drain Tile					
Backfill					
Plumbing Underground					
In Floor Tubes					
Concrete Slab / Vapor					
Concrete Slab / Rebar					
Framing					
Window Flashing					
Exterior Sheeting					
House Wrap					
Ice and Water Barrier					
Roofing					
Mechanical Rough In					
Plumbing Top Out					
Water Lines					
Gas Line					
Electrical Signoff					
Insulation / Vapor Barrier					
Dry Wall					
Attic Insulation					
Mechanical Final					
Plumbing Final					
Duct Blaster					
Blower Door					

Notes: