

City of NEWPORT Building Permit Application for New Construction

Newport City Hall ♦ 596 7th Avenue ♦ Newport ♦ Minnesota ♦ 55055 ♦ Telephone 651-459-5677 ♦ Fax 651-459-9883

Application Date: _____ Permit No. _____

Applicant Information

Contractor License Number _____

Name: _____ Telephone: _____

Mailing Address: _____ Telephone: _____

City/State/Zip: _____

Property Owner Information

Name: _____ Telephone: _____

Mailing Address: _____ Telephone: _____

City/State/Zip: _____

Project Information

Site Address: _____ Subdivision: _____

Lot #: _____ Blk #: _____

PID# _____

Type of Construction: _____ Use of Building: _____

Occupancy Group: _____ Occupancy Load: _____ Variance Granted, Date: _____

Zoning District: _____ Flood Plain: AE 0.2% Annual Chance Flood Hazard

Off Street Parking Spaces Required: _____ Spaces on Plan: _____ Fire Sprinklers Required: _____

Type of Permit (Circle One): Residential Non-Residential, If not residential, specify: _____

Type of Work (Check One): New Addition Repair Remodel Project Valuation: _____

Fireplace Finish Basement Deck Porch Garage

Pool Residential Reside Residential Reroof Residential Windows Residential Retaining Wall

Storage Shed Commercial Reside Commercial Reroof Commercial Windows Commercial Retaining Wall

Demolition Commercial Fence

Description of Proposed Project or Work to be Done: _____

NEED IF BUILDING GARAGE, SHED, OR ADDING TO PRIMARY STRUCTURE:

Size/Dimensions of Parcel: _____ Size/Dimensions of Primary Structure: _____

Size/Dimensions of Accessory Structure(s): _____ Size/Dimensions of Paved/Gravel Areas: _____

Height of Primary Structure: _____ Height of Proposed Structure: _____

Color of Primary Structure: _____ Color of Proposed Structure: _____

Professionals Involved

General Contractor: _____ License Number: _____ Telephone: _____

Plumbing: _____ License Number: _____ Telephone: _____

Mechanical Contractor: _____ License Number: _____ Telephone: _____

Electrical: _____ License Number: _____ Telephone: _____

Applicant Statement and Acknowledgements

I understand, that I am required to comply with City Ordinances, Minnesota State Building Code and all other applicable codes, and that this building permit will expire within 180 days if work is not commenced. I further understand, that before the "C of O" is issued the driveway must be completed and the "Certificate of Survey" Requirements must be met. I will also be responsible for any and all Engineering Services specifically required for this project.

Applicant/Agent Printed Name: _____ Signature: _____

Please provide a site plan sketch and three sets of Construction Blue Prints.

SITE PLAN

INDICATE AND IDENTIFY THE FOLLOWING:

1. Boundaries of your property
2. Other buildings on this property
3. Location of proposed construction on plot
4. Distance to adjoining streets
5. Side, front and rear yard distance
6. Indicate north on sketch

****NOTE: *Front property lines are usually never indicated by the curb line. There is almost always a public right of way located between the curb line and the front property line.***

****Accurate setback information is required to determine zoning compliance. Variations from approved setbacks may result in a violation of the Zoning Ordinance.***

SITE PLAN

Rear Yard

Side Yard

Side Yard

Front Yard

P&Z Checklist

_____ Verify Zoning (_____)

_____ Front Yard Setbacks (_____)

_____ Rear Yard Setbacks (_____)

_____ Side Yard Setbacks
(1)_____ Ft. (2) _____ Ft.

_____ Building Requirements (Min. Floor Area, Height Limit, Floor Area Ratio)

Final Approval By: _____ Date: _____
City Administrator

Planning & Zoning Official _____ Date: _____



Plan Review Supplement

Please provide the following information and documentation referencing the 2015 MN State Building Code to accompany the building permit and project plans submitted for review for an addition, remodel, or new construction project.

Project Name/Address: _____

- Completed Building/Zoning Permit Application.
*Separate permits are required for electrical, mechanical, plumbing, fire suppression, fire alarms, and signage work
- Scaled floor plan(s) with all rooms labeled as to use
- Submittal must include summary details below, or separate sheet identifying:
 - Building construction type: _____
 - Tenant use: _____
 - Tenant occupancy classification: _____
 - Total occupant load: _____
 - Total square footage (all levels): _____
 - Travel distance to exits: _____
 - Original building design (circle one): **Separated** **Non-separated**
- List of Exterior Materials Being Used
- Site Plan identifying:
 - Locations of other structures on the property
 - Distances of the new structure/addition to each property line and other structures
- Certificate of Survey (see attached checklist)
- Metropolitan Council SAC Review, Jessica Nye (651) 602-1378

For additional information or confirming details pertinent to this project, please contact Building Official Bob LaBrosse, at Office: (651) 458-2828 / Cell: (651) 485-8711 / Email: blabrosse@cottage-grove.org.

City of Newport Certificate of Survey Requirements
 For New Single Family/Multi-Family Home Construction



Applicant _____

Address _____

✓	Acceptable
X	Unacceptable
N/A	Not Applicable

Permit No. _____ Date: _____

Checked By: _____

Check for:

- 1 General Requirements: Name/Registration # for Surveyor, date of survey, north arrow, graphical scale, legal description, total lot area, street address, zoning designation, ect.
- 2 Survey Shows Underlying Data from City of Newport **Approved Grading Plan** (New Development Only)
- 3 Property Boundaries: Bearing & distance on lots, monumentation, ROW limits, easements, ect
- 4 Existing Features: Structures, utilities, driveways, structure faces on adjacent lots, ect
- 5 Existing Topographical Information: One-foot contours, critical spot elevations, utilities, vegetation, defined swales, ect
- 6 Existing and Proposed Elevations for All Lot Corners (Proposed Must Match Existing)
- 7 Proposed Structures : Lowest floor elevation, lowest opening elevation, top of foundation block elevation, main floor finished elevation, garage floor finished elevation, foundation dimensions with off-set stakes.
- 8 Proposed Finished Grade Elevations at Building Corners
- 9 Indicate Zoning-, Wetland-, Waterway-, Bluff-Setback(s) and Buffer Strip Requirements Graphically
- 10 Proposed Grading Requirements: 1-foot contours, critical spot elevations, 6-iches of elevation drop within 10-feet of proposed building perimeter, min 2% grade for remaining lot
- 11 Proposed Retaining Walls: Indicate top and bottom spot elevations along length of wall, maximum 4-feet in height (unless designed by a registered engineer)
- 12 Drainage Swales: Provide spot elevation for top/tow/top, flow line alignment to ROW, drainage arrow(s), percent of grade (min 2%)
- 13 FEMA 100-Year Flood Elevation
- 14 Proposed Service Stubs
- 15 Driveway Requirements: Standard City apron; width measured at curb line and ROW line, max 24-foot; grade min 2% plus 12-iches max 10%
- 16 Existing Top of Curb (or Bituminous Edge) Elevations at the Extension of Side Lot Lines
- 17 Identify Survey Benchmarks: Shall be nearest permanent hydrant or geodetic benchmark
- 18 On-Site Sewage Treatment System Location and Potable Well Location, if applicable
- 19 Silt Fence and Erosion Control BMPs
- 20 Temporary Rock Construction Entrance Location
- 21 Total Lot Impervious Surface Determination (Square Footage & Total Lot Percentage)
- 22 1 Front Yard Tree per Lot
- 23 1 Boulevard Tree per Lot

Review Status

Corrections Requested

Application Rejected

Application Approved

Builder Name: _____ Surveyors Name: _____

Applicants are advised that the City of Newport will inspect the condition of Driveways, Sidewalks, Curb and Gutter and other municipal facilities located in the public right of way prior to issuance of a C of O. The Permittee will be held liable for any damages noted by the City.

FOR OFFICE USE ONLY

Date Last Reviewed _____

Certificate of Survey Approval

Reviewer Contact Info:

BY: _____
 MN Reg: 49907 Curtis E. Schley, PLS

Name: Curt Schley
Email: cschley@msa-ps.com
Phone: (612) 548-3132

Top of Block Verification Approval

Name: _____ Approval: Pass Fail
 Date: _____ Notes: _____

Grading Verification Approval

Name: _____ Approval: Pass Fail
 Date: _____ Notes: _____

LEGEND

CERTIFICATE OF SURVEY: NAME OF CLIENT
 SITE ADDRESS, CITY OF NEWPORT, WASHINGTON COUNTY, MINNESOTA, 55055

LEGAL DESCRIPTION:

LOT 5, BLOCK 1, PLATTED ADDITION NAME ACCORDING TO THE PLAT ON FILE AND OF RECORD IN THE OFFICE OF THE COUNTY RECORDER, WASHINGTON COUNTY, MINNESOTA.

AREA:

LOT AREA= 28,818 SQUARE FEET OR 0.66 ACRES

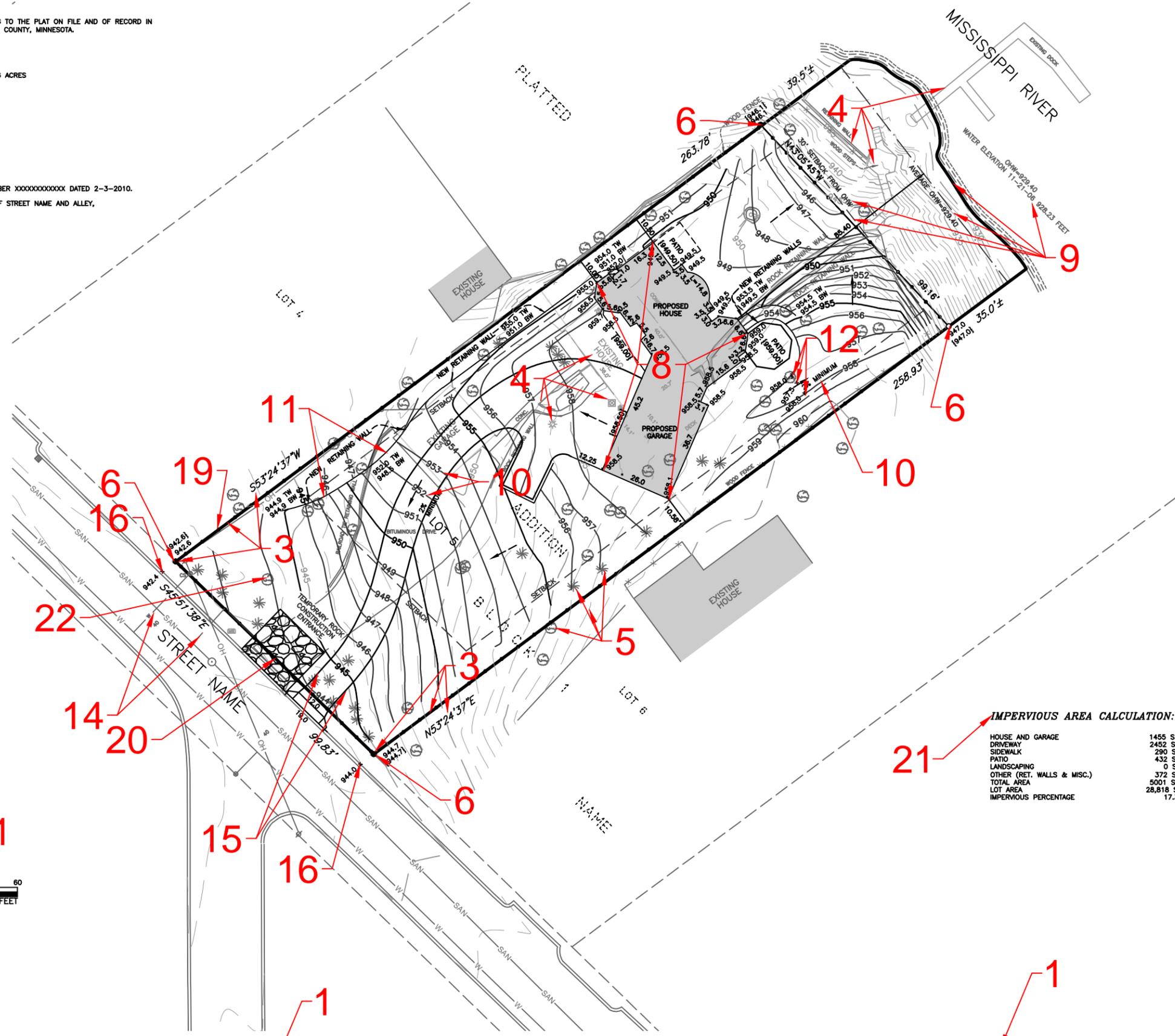
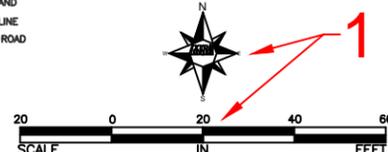
NOTE:

100 YEAR FLOOD ELEV.= 935.0 PER FIRM MAP NUMBER XXXXXXXXXXXX DATED 2-3-2010.
 BENCHMARK= TOP NUT HYDRANT AT INTERSECTION OF STREET NAME AND ALLEY,
 ELEV.= 930.00, DATUM NGVD 88
 GARAGE FLOOR ELEV.= 958.50
 TOP OF BLOCK ELEV.= 958.83
 MAIN FLOOR ELEV.= 960.00
 BASEMENT FLOOR ELEV.= 949.50
 LOWEST OPENING ELEV.= 949.50

MUST HAVE A MINIMUM OF AT LEAST 6 INCHES OF DROP IN GRADE 10 FEET FROM THE BUILDING.

- ⊕ FIRE HYDRANT
- ⊙ WATER VALVE
- MANHOLE
- ⊠ CATCH BASIN
- ⊗ POWERPOLE
- ⊛ LIGHT POLE
- GUY
- ⊠ TRANSFORMER
- ⊠ ELECTRIC METER
- ⊠ TV PEDESTAL
- ⊠ TELEPHONE PEDESTAL
- ⊠ AIR CONDITIONER
- ⊠ HAND HOLE
- ⊙ SEMAPHORE
- ⊠ GAS METER
- S SANITARY SEWER
- ST STORM SEWER
- W WATERMAIN
- OG UNDERGROUND GAS MAIN
- T UNDERGROUND TELEPHONE
- E UNDERGROUND ELECTRIC
- TV UNDERGROUND CABLE T.V.
- OU OVERHEAD UTILITY LINES
- ⊙ IRON MONUMENT FOUND
- IRON PIPE MONUMENT SET
- ⊙ EXISTING SPOT ELEVATION
- ⊙ SOIL BORING
- ⊙ SIGN
- ⊙ DECIDUOUS TREE
- ⊙ CONIFEROUS TREE
- ⊙ DENOTES TREE AND BRUSH LIMITS
- ◁ DENOTES FLARED END SECTION
- ⊙FD DENOTES FRENCH DRAIN
- ⊙CS CURB STOP
- ⊙CO CLEAN OUT
- ⊙ BUSH
- ⊙ BARBECUE GRILL
- ⊙ AUTO SPRINKLER
- ⊙ BASKETBALL HOOP
- ⊙ BENCH
- ⊙ WATER SPIGOT
- ⊙ TRENCH DRAIN
- ⊙ STORM DISIPATER
- ⊙ SATELITE DISH
- ⊙ TELEPHONE
- ⊙ ELECTRIC PEDESTAL
- ⊙ FLAG POLE
- ⊙ GROUND LITE
- ⊙ MAILBOX
- ⊙ ROOF DRAIN
- ⊙ TRANSMISSION TOWER
- ⊙ VENT PIPE
- ⊙ WELL

- E— DENOTES ELEC. LINE
- K— DENOTES FENCE LINE
- FO— DENOTES FIBER OPTIC
- G— DENOTES GAS LINE
- S— DENOTES SANITARY SEWER
- ST— DENOTES STORM SEWER
- T— DENOTES TELEPHONE LINE
- TV— DENOTES TV LINE
- OU— DENOTES OVERHEAD UTL.
- W— DENOTES WATERMAIN
- WETLAND— DENOTES WETLAND
- TREELINE— DENOTES TREELINE
- RAIL ROAD— DENOTES RAIL ROAD



IMPERVIOUS AREA CALCULATION:

HOUSE AND GARAGE	1455 S.F.
DRIVEWAY	2452 S.F.
SIDEWALK	290 S.F.
PATIO	432 S.F.
LANDSCAPING	0 S.F.
OTHER (RET. WALLS & MISC.)	372 S.F.
TOTAL AREA	5001 S.F.
LOT AREA	28,818 S.F.
IMPERVIOUS PERCENTAGE	17.3%

ZONING:

ZONED COMMERCIAL DISTRICT (C2)

SETBACKS:

FRONT: 50.0
 SIDE: 10.0
 REAR: 30.0 FROM OHW

PROJECT NO.:	PROJECT NO.	SCALE: AS SHOWN	NO.	DATE	REVISION	BY	I HEREBY CERTIFY THAT THIS SURVEY WAS PREPARED BY ME OR UNDER MY DIRECT SUPERVISION AND THAT I AM A DULY LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF THE STATE OF MINNESOTA.	PROFESSIONAL LAND SURVEYOR	Date	Registration No.	BUILDER NAME	OWNER NAME	ADDRESS	FILE NO.			
PROJECT DATE:	DRAWN BY: INIT	CHECKED BY: INIT															
F.B.:																	

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							RADON CONTROL SYSTEM		
Insulation Location	Total R-Value of all Types of Insulation	Type: Check All That Apply						Passive (No Fan)	
		Non or Not Applicable	Fiberglass, Blown	Fiberglass, Batts	Foam, Closed Cell	Foam Open Cell	Mineral Fiberboard	Rigid, Extruded Polystyrene	Rigid, Isocyanurate
Below Entire Slab								Location (or future location) of Fan:	
Foundation Wall								Other Please Describe Here	
Perimeter of Slab on Grade									
Rim Joist (1st Floor)									
Rim Joist (2nd Floor+)									
Wall									
Ceiling, flat									
Ceiling, vaulted									
Bay Windows or cantilevered areas									
Floors over unconditioned area									
Describe other insulated areas									

Building envelope air tightness:	Duct system air tightness:
Windows & Doors	Heating or Cooling Ducts Outside Conditioned Spaces
Average U-Factor (excludes skylights and one door) U:	Not applicable, all ducts located in conditioned space
Solar Heat Gain Coefficient (SHGC):	R-value

MECHANICAL SYSTEMS					Make-up Air <i>Select a Type</i>	
Appliances	Heating System		Domestic Water Heater	Cooling System		
Fuel Type						Not required per mech. code
Manufacturer						Passive
Model						Powered
Rating or Size	Input in BTUS:		Capacity in Gallons:		Output in Tons:	Interlocked with exhaust device. Describe:
Efficiency	AFUE or HSPF%				SEER /EER	Other, describe:
Residential Load Calculation	Heating Loss		Heating Gain		Cooling Load	
						Location of duct or system:
						Cfm's
						" round duct OR
						" metal duct

MECHANICAL VENTILATION SYSTEM					Combustion Air <i>Select a Type</i>	
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):					Not required per mech. code	
Select Type					Passive	
	Heat Recover Ventilator (HRV) Capacity in cfm's:	Low:		High:		Other, describe:
	Energy Recover Ventilator (ERV) Capacity in cfm's:	Low:		High:		Location of duct or system:
	Balanced Ventilation capacity in cfm's:					Cfm's
	Location of fan(s), describe:					" round duct OR
	Capacity continuous ventilation rate in cfm's:					" metal duct
	Total ventilation (intermittent + continuous) rate in cfm's:					

EXHAUST SYSTEMS

2. A test approved by the building official verifies proper operation of vented combustion *appliances*.

501.4.2 Makeup air supply. *Makeup air* shall be provided by one of the following methods:

1. Passive *makeup air* shall be provided by passive openings according to the following:

1.1. Passive *makeup air* openings from the outdoors shall be sized according to IMC Table 501.4.2.

1.2. Barometric dampers are prohibited in passive *makeup air* openings when any atmospherically vented *appliance* is installed.

1.3. Single passive openings larger than 8 inches (204 mm) diameter, or equivalent, shall be provided with a motorized damper that is electrically interlocked with the largest exhaust system.

2. Powered *makeup air* shall be provided if the size of a single opening or multiple openings exceeds 11 inches (280 mm) diameter, or equivalent, when sized according to IMC Table 501.4.2. Powered *makeup air* shall comply with the following:

2.1. Powered *makeup air* shall be electrically interlocked with the largest exhaust system.

TABLE 501.4.1
PROCEDURE TO DETERMINE MAKEUP AIR QUANTITY FOR EXHAUST APPLIANCES IN DWELLING UNITS

	ONE OR MULTIPLE POWER VENT OR DIRECT VENT APPLIANCES OR NO COMBUSTION APPLIANCES ^A	ONE OR MULTIPLE FAN-ASSISTED APPLIANCES AND POWER VENT OR DIRECT VENT APPLIANCES ^B	ONE ATMOSPHERICALLY VENTED GAS OR OIL APPLIANCE OR ONE SOLID FUEL APPLIANCE ^C	MULTIPLE APPLIANCES THAT ARE ATMOSPHERICALLY VENTED GAS OR OIL APPLIANCES OR SOLID FUEL APPLIANCES ^D
1. Use the Appropriate Column to Estimate House Infiltration				
a) pressure factor (cfm/sf)	0.15	0.09	0.06	0.03
b) conditioned floor area (sf)	—	—	—	—
(including unfinished basements)				
Estimated House Infiltration (cfm): [1a × 1b]	—	—	—	—
2. Exhaust Capacity				
a) clothes dryer	135	135	135	135
b) 80% of largest exhaust rating (cfm):	—	—	—	—
(not applicable if recirculating system or if powered <i>makeup air</i> is electrically interlocked and matched to exhaust)				
c) 80% of next largest exhaust rating (cfm):	not applicable	—	—	—
(not applicable if recirculating system or if powered <i>makeup air</i> is electrically interlocked and matched to exhaust)				
Total Exhaust Capacity (cfm): [2a+2b+2c]	—	—	—	—
3. <i>Makeup Air</i> Requirement				
a) Total Exhaust Capacity (from above)	—	—	—	—
b) Estimated House Infiltration (from above)	—	—	—	—
Makeup Air Quality (cfm): [3a - 3b]	—	—	—	—
(if value is negative, no makeup air is needed)				
4. For <i>Makeup Air</i> Opening Sizing, refer to Table 501.4.2.				

A. Use this column if there are other than fan-assisted or atmospherically vented gas or oil *appliances* or if there are no *combustion appliances*.
 B. Use this column if there is one fan-assisted *appliance* per venting system. Other than atmospherically vented *appliances* may also be included.
 C. Use this column if there is one atmospherically vented (other than fan-assisted) gas or oil *appliance* per venting system or one solid fuel *appliance*.
 D. Use this column if there are multiple atmospherically vented gas or oil *appliances* using a common vent or if there are atmospherically vented gas or oil *appliances* and solid fuel *appliances*.

