

City of Newport

Application for Bituminous or Concrete Paving and Parking Lot Repair

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

Application Date: _____ **Permit No.** _____

- Property owners are required to obtain a permit for any paving or parking lot repair projects that will include work on any property. Overlaying existing hard surfaces does not require a permit.
- Contractors engaged in such work by said property owners must be licensed in the City of Newport.
- The property owner is responsible for obtaining all grading wetland or watershed permits as may be necessary for completion of the project.

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

Describe the proposed project (total area impacted, new impervious area created, changes to drainage patterns, etc).

Attach project plans, drawings, and specifications.

Describe bituminous thickness, curbing type, striping, material disposal methodology, etc.

Size/Dimensions of Parcel: _____

Size/Dimensions of Primary Structure: _____

Size/Dimensions of Accessory Structure(s): _____

Size/Dimensions of Proposed Paved Areas: _____ Size/Dimension of Current Paved Areas: _____

Project Valuation \$ _____ Project Schedule: _____

Describe contingencies arranged to provide alternative parking.

The undersigned hereby agrees all work will be done in accordance with the ordinances and requirements of the City of Newport, including any special provisions attached as a condition of the City's approval of the permit. The undersigned further agrees that all work will be done in accordance with all requirements of governmental agencies having jurisdiction over the project scope.

Signature

Date

Fees (To be filled in by City)

Permit Fee	\$ _____
Plan Check Fee	\$ _____
Penalty Fee	\$ _____
State Surcharge Fee	\$ _____
TOTAL PERMIT FEES:	\$

FOR CITY USE ONLY

Based Upon the information provided by the applicant this permit is approved and issued according to the following special conditions:

1. The applicant shall comply with all requirements of the City of Newport as detailed by this approval and as contained within the City's Code of Ordinances.
2. The applicant shall accomplish the work proposed in accordance with the requirements of all governmental agencies having jurisdiction over the work.
3. The applicant shall protect all city utilities, service lines, and shut offs, manholes and valve boxes. All sewer and water system appurtenances shall be depressed ½ - 1 inch below the finished elevation of the bituminous overlay. Hydrant barrels shall be located 18-inches behind the back of any curbing. There shall be no vertical drop-offs exceeding 18-inches. Landscaping slopes abutting and adjacent to cubing shall not exceed a slope of 3 horizontal to 1 vertical.
4. _____

5. _____

6. The applicant shall complete the proposed project and shall leave the site and surrounding properties clean of any trash or construction debris generated by the work. In the event that the applicant does not comply with the requirements of this permit the City shall be authorized to take such measures as are necessary to complete the work as approved and assess the underling property for any costs so incurred.

Approved:

City Engineer

Date

Supt. of P.W.

Date

City Administrator

Date

CITY OF NEWPORT
596 7th Avenue
Newport, MN. 55055
Phone: 651-459-5677
Fax: 651-459-9883

BLASTING PERMIT APPLICATION

DESCRIPTION: _____

LOCATION: _____
(Attach any pertinent plans or diagrams describing the work, and attach a proposed schedule of drilling and discharges.)

DATE: Beginning _____ Ending: _____

APPLICANT: _____

ADDRESS _____

SIGN-OFF

PUBLIC WORKS _____

POLICE DEPARTMENT _____

XCEL – GAS _____

XCEL – ELECTRIC _____

CENTURY LINK _____

COMCAST _____

REQUIREMENTS

PERMITTEE IS RESPONSIBLE FOR CONTACTING GOPHER STATE ONE-CALL AND RAILROAD COMPANIES AS APPROPRIATE FOR LOCATIONS.

SEISMIC MONITORING IS REQUIRED ON ALL PERMITS.

PERMIT FEE \$250.00 PAYABLE TO THE CITY OF NEWPORT

- 4 SETS OF PLANS: ONE FOR PERMITTEE
 ONE FOR PUBLIC WORKS
 ONE FOR CITY FILES
 ONE FOR OTHERS

**PUBLIC WORKS DEPARTMENT NOTIFICATION
OF
EXPLOSIVES AND BLASTING REQUIRED**

All persons holding explosives and blasting permits in the City of Newport are required to notify the Newport Public Works Department at 651-459-2475 and Newport Police Department at 651-459-9933 immediately upon receipt of the explosives and blasting permit and to provide information regarding blasting date(s), time(s), location, types/quantities of explosives, etc.

In the event of multiple blasting dates, the Public Works Department and Police Department shall be notified two hours before blasting on each day that blasting is to occur.

Failure to make this required notification may result in revocation of the explosives and blasting permit and/or other such penalties as may be allowable under law.

In addition the following requirements shall be met:

1. The explosives use permit shall not be valid for explosives on site or blasting for a period of 48 hours after final sign off, in order to allow adequate time for notification of emergency response personnel.
2. Long term or overnight storage of explosives and detonators in Newport is prohibited.
3. Daily use quantities of explosives shall be transported to the site in an approved explosives transport vehicle.
4. Daily use quantities of explosives on site shall remain in the transport vehicle until charges are set.
5. The explosives vehicle shall not be left unattended at any time that explosives are on board.
6. The explosives vehicle shall not be left unattended in the City of Newport at any time that explosives are on board.
7. Explosives on site shall be limited to the amount required for daily use only and shall not exceed the permit quantity.
8. Quantities of explosives remaining after daily use shall be removed from the site.
9. The applicant shall comply with all Federal, State, County and Local regulations concerning the handling and discharge of explosive materials.
10. The applicant shall include the City of Newport as a named insured on all insurance policies pertinent to the exercise of the explosives work in the City of Newport. The applicant shall provide evidence of such coverage to the City prior to initiating any work approved by this permit.

The undersigned agrees to abide by all requirements of the State of Minnesota and the City of Newport.

Name

Date

Application received and recorded by the City of Newport.

Name

Date

- In so approving the City makes no representation as to the means, methods, or operations of the applicant.

- Nor does the City assume any liability for the applicant's progress of the work described herein.
- The applicant shall conduct his work in a manner consistent with generally accepted standards of the trade.

Application approved

City Administrator

Date

For additional information, contact City Engineer's Representative John Stewart at:

Tel: 651-226-8091
E-mail: jstewart@msa-ps.com



**Minnesota Pollution
Control Agency**

520 Lafayette Road North
St. Paul, MN 55155-4194

Notification of Intent to Perform a Demolition

Asbestos Program

Doc Type: Notification

Type of notification: Original Amended Project cancellation

Notification must be postmarked or received ten (10) working days before demolition begins. See Item 5 for emergency demolitions. Both start and end dates should be amended in writing as necessary to reflect current project dates.

Demolition Contractor

Name: _____

Address: _____

City, State, Zip: _____

Phone number: _____

Contact name: _____

Phone number: _____

Building Information

Building name: _____

Address/Location: _____

City, State, Zip: _____

County: _____

Phone number: _____

Age of bldg (yrs): _____ Size of bldg (sq ft): _____

Number of floors, including basement level(s): _____

Present use of bldg: _____

Prior use of bldg: _____

Building Owner

Name: _____

Address: _____

City, State, Zip: _____

Phone number: _____

Contact name: _____

Phone number: _____

Dates of demolition or intentional burning:

Start date: _____ End date: _____
mm/dd/yy mm/dd/yy

Note: If there is >260 linear feet or >160 square feet of Regulated Asbestos-Containing Material (RACM) in the building to be demolished, it must be removed by a licensed asbestos contractor prior to demolition. The State of MN-Notice of Intent to Perform an Asbestos Abatement Project <http://www.pca.state.mn.us/publications/w-sw4-06.doc> must be used to notify for the asbestos removal.

Is nonfriable ACM present in the structure to be demolished? Yes No

Will nonfriable ACM be present in the structure at the time of demolition? Yes No

If **Yes** to both questions above, complete Items 1-9. If **No** to either question, complete Items 3-9.

1. If ACM will be left in place for the demolition indicate the amount of Category I and/or Category II nonfriable ACM left in place.

Category I: _____ Linear feet
_____ Square feet
_____ Cubic feet

Category I nonfriable ACM means asbestos-containing packings, gaskets, resilient floor covering, and asphalt roofing products containing more than one percent asbestos.

Category I nonfriable ACM is not allowed to remain in place for demolition if it is in poor condition.

Category II: _____ Linear feet
_____ Square feet
_____ Cubic feet

Category II nonfriable ACM means any material, excluding Category I nonfriable ACM, containing more than one percent Asbestos that, when dry, cannot be crumbled, pulverized, or reduced to a powder by hand pressure.

Category II nonfriable ACM is not allowed to remain in place for demolition if it has a high probability of becoming crumbled, pulverized, or reduced to a powder during demolition, transport, or disposal (e.g., transite, cement, slate roofing).

2. Description and location of ACM remaining in place (including number of floors and rooms):

3. Company and/or individual that conducted the building inspection and the procedure used to determine the presence or absence of ACM (including analytic method): (**Note:** Prior to demolition all structures must be inspected by a licensed asbestos inspector who has been certified through the Minnesota Department of Health.)

4. Description of planned demolition and the specific method(s) that will be used:

5. If the demolition was ordered by a government agency, please identify the agency and attach a copy of the order:

Name: _____ Title: _____

Authority: _____

Date of order (mm/dd/yy): _____ Start date (mm/dd/yy): _____

*Notification for an emergency demolition must be submitted as early as possible before demolition begins, but not later than the following working day. A demolition is considered an emergency **only** when the facility has been deemed structurally unsound and in danger of imminent collapse. If the structurally unsound building is known to contain any regulated ACM or is suspected to contain any regulated ACM, special procedures **must** be followed. If you are unaware of the special procedures, instructions/ regulations can be obtained by contacting the Minnesota Pollution Control Agency (MPCA) at the address or phone number listed below.*

6. Description of procedure to be followed in the event that unexpected RACM is found or Category II nonfriable ACM becomes crumbled, pulverized or reduced to powder:

7. Demolition waste transporter(s) information:

Transporter name: _____

Contact name: _____

Tranporter address: _____

City, State, Zip: _____

Phone number: _____

8. Demolition waste disposal information: *see below for more information

Landfill name: _____

Owner/Operator: _____

Address/Location: _____

City, State, Zip: _____

Phone number: _____

9. I certify that the above information is correct and I am a bonafide representative of the demolition contractor or building owner and have authority to enter into agreements for my employer.

Print name: _____ Title: _____

Signature: _____ Date: _____

Important Note:

Ensure you are in compliance with Minn. R. 7035.0805 prior to the commencement of renovation/demolition.

This rule requires that the following items be removed two days prior to demolition: mixed municipal solid waste; household hazardous waste; industrial or hazardous waste; waste tires; major appliances; items containing elemental mercury, Poly-Chlorinated BiPhenyls (PCBs), and chlorofluorocarbons (CFCs); oil; lead; electronics; and other prohibited items. See MPCA website at www.pca.state.mn.us/publications/w-sw4-20.pdf for a *Pre-Renovation/Demolition Environmental Checklist Guidance Document* to assist with completion of this rule.

*Demolition waste must be disposed of at a permitted solid waste facility. For other disposal option please contact the regional MPCA solid waste compliance/enforcement staff with any questions.

Submit to: Minnesota Pollution Control Agency
Industrial Division – Asbestos Program
520 Lafayette Road North
St. Paul, MN 55155-4194

Questions call: 651-296-6300 or 1-800-657-3864

Fax: 651-297-1438

E-mail: asbestos.demolition.pca@state.mn.us


**Minnesota Pollution
Control Agency**

 520 Lafayette Road North
St. Paul, MN 55155-4194

Pre-Renovation/Demolition Environmental Checklist

Asbestos Program

Doc Type: Compliance/Enforcement Correspondence

Minn. R. 7035.0805 requires that you remove the items below before starting a renovation or demolition project, and then manage and recycle or dispose of them correctly. This checklist is provided to help you manage the project and does not need to be submitted to the Minnesota Pollution Control Agency unless requested.

Project Information

Structure owner

Name: _____

Address: _____

City, State, Zip: _____

Contact name: _____

Phone number: _____

Demolition contractor

Name: _____

Address: _____

City, State, Zip: _____

Contact name: _____

Phone number: _____

Structure information

Building name: _____

Address/Location: _____

City, State, Zip: _____

Age of bldg (yrs): _____ Size of bldg (sq ft): _____

Present use of bldg: _____

Prior use of bldg: _____

Dates of renovation, demolition, or fire training burn:

Start date: _____ End date: _____

(mm/dd/yy)

(mm/dd/yy)

Mercury	Qty		Qty		Qty
Batteries		Firestats:		Boiler insulation:	
Smoke detectors:		Manometers:		HVAC duct insulation:	
Emergency lighting systems:		Thermometers:		Ductwork flexible fabric connections:	
Elevator control panels:		Boilers, furnaces, heaters, and tanks		Fireproofing materials:	
Exit signs:		Mercury flame sensors by pilot lights:		Fire doors:	
Security systems and alarms:		Manometers, thermometers, gauges:		Flooring:	
Lighting		Pressure-trol:		Vinyl floor tile:	
Fluorescent lights:		Float or level controls:		Vinyl sheet flooring:	
High intensity discharge		Space heater controls:		Asphalt tile:	
Metal halide:		Electrical systems		Linoleum paper backing:	
High pressure sodium:		Load meters & supply relays:		Mastic/glue (floor tile, carpet, etc.)	
Mercury vapor:		Phase splitters:		Electrical	
Neon:		Micro relays:		Electrical panels:	
Switches for lighting using mercury relays (look for any control associated with exterior or automated lighting systems):		Mercury displacement relays:		Electrical wiring insulation:	
"Silent" wall switches:		Asbestos		Heating and electrical ducts/conduit:	
Heating, ventilating, and air conditioning systems		Boiler rooms		Pipe and other insulation	
Thermostats:		Boilers, furnaces, fireplaces, and their components:		Aircell (corrugated cardboard):	
Aquastats:		Cement sheets near heating equipment:		Millboard:	
Pressurestats:				Preform:	
				Joint compound:	

	Qty		Qty		Qty
Asbestos (continued)					
Spray applied insulation:		ChloroFluoroCarbons		Lead-acid batteries (lighting, exit signs, security systems):	
Blown-in insulation:		Fire extinguishers (both portable and installed halon suppression systems):		Lead flashing molds and roof vents:	
Block:		Air conditioners (rooftop, room, and central):		Lead pipes and solder:	
Surfacing materials		Walk in coolers (refrigeration or cold storage areas):		Lead-lined X-ray rooms:	
Acoustical plaster:		Water fountains and dehumidifiers:		Other	
Decorative plaster:		Refrigerators/freezers chillers:		Solid waste (all non-building components such as unattached carpet, files, books, trash, desks, chairs, etc.) must be removed prior to demolition:	
Textured paints & coatings:		Heat pumps:		Hazardous waste (including household) must be properly handled and disposed of prior to demolition:	
Spray-applied materials (acoustical, decorative, or insulative):		Vending machines/food display cases:		Oil (used oil, hydraulic oils in door closers, elevator shafts, etc.) must be collected and properly disposed of prior to demolition:	
Roofing				Tanks (no evidence of former heating tanks or storage tanks exist):	
Roofing shingles:		Poly-Chlorinated BiPhenyls (PCBs)		Appliances must be recycled by an appliance recycler:	
Roofing felt:		Transformers:		Electronics:	
Base flashing:		Transistors:			
Cement materials (Transite)		Capacitors:			
Cement pipes (flues & vents):		Heat transfer equipment:			
Cement wallboard:		Light ballasts:			
Cement siding:					
Pegboard:		Lead			
Ceiling materials		Lead-based paint (woodwork, metal equipment, interior/ exterior uses):			
Ceiling tiles:					
Ceiling tile adhesives (pucks):					
Lay-in ceiling panels:					
Acoustical tiles:					
Miscellaneous					
Taping, joint, and spackling compound:					
Caulking/putties:					
Fire curtains and blankets:					
Laboratory hoods, table tops, gloves, etc.:					
Gaskets:					

If you have questions or comments about this checklist, identify any additional items not found in this list, or would like to discuss an individual project, contact the Minnesota Pollution Control Agency at 651-296-6300 or 1-800-657-3864.

Affiliation with project: _____ Title: _____

Printed name: _____ Date: _____

Important Note:

This guidance document is not intended as a substitute for reading Minnesota Rules and Statutes and making your own independent determination of their applicability to your renovation/demolition project. Examples in this guidance document do not represent an exhaustive listing of type of materials that may be required to be removed from a building prior to renovation/demolition.



City of Newport
596 7th Avenue
Newport, MN 55055
(651) 459-5677
Fax: (651) 459-9883

FOR CITY USE ONLY		
Amount of Check:	Check Number:	PermitTRAK Number:

Request for Electrical Inspection (REI) Permit

Fields marked with an asterisk * are required (as applicable)		*Today's Date:	
Incomplete, inaccurate, or illegible forms may be returned to the submitter			
* Check One Box: <input type="checkbox"/> Contractor or <input type="checkbox"/> Homeowner		*Check One Box: <input type="checkbox"/> New Bldg or <input type="checkbox"/> Existing Bldg	
* Check One Box: <input type="checkbox"/> One-Family Dwelling (homeowner or contractor) <input type="checkbox"/> Two-Family Dwelling (contractor only) <input type="checkbox"/> Commercial (contractor only) (It is unlawful for homeowners to perform electrical work on a property that is rented, leased, or occupied by others)			
* Project Location		* Project County	
*Project Township	Please enter either the City or Township name, not both	*Project City:	*Project Zip:
*Owner Name	*Owner Phone	Owner Cell	Owner E-Mail
*Company Type: <input type="checkbox"/> Electrical or <input type="checkbox"/> Technology Systems Contractor			
*Company License Number	*Company Name		
*Company Address			
*Company Phone	Company Cell	Contact Person and Phone Number	Company E-mail
*Project Description. Please list items from attached fee schedule (Scope of work, service size, quantity of feeders and circuits, job numbers, or other vital information to help the electrical inspector make timely inspection service)		*Single Inspection, Other than Rough-In? <input type="checkbox"/> Ready Now or <input type="checkbox"/> Will Schedule	*Rough-In Inspection Required? <input type="checkbox"/> Yes or <input type="checkbox"/> No
		Directions to Project Site	
		Project Site (Contact Person and Phone Number)	
		Electrical Utility	
Total Inspection Fee from REI Fee Worksheet		Enter Inspection Fee Here >>	
A surcharge of \$5 is imposed on every permit effective 07/01/2010 as per M.S. 326B.148 in addition to the inspection fee.		Surcharge Fee>>	\$5.00
		*Grand Total (Inspection Fee plus Surcharge Fee) >>	

Requests for Electrical Inspections (REI) with a fee of \$250 or less expire 12 months from the filing date. The installer must have the work completed within the 12 month period or submit another REI that includes the inspection fee for the uncompleted work. Inspection fees do not carry over from an expired REI to a new REI.

Please submit REI forms together with the applicable fees to: City of Newport, 596 7th Avenue, Newport, MN 55055

Please contact William Dietrich at 651-493-1599, from 7:00 a.m. to 8:30 a.m. on weekdays to schedule inspections

City of NEWPORT Building Permit Application

Appendix D

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 Areas: _____

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

Professionals Involved

General Contractor: _____ License Number: _____ Telephone: _____

Plumbing: _____ License Number: _____ Telephone: _____

Mechanical Contractor: _____ License Number: _____ Telephone: _____

Electrical: _____ License Number: _____ Telephone: _____

Other: _____ 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: _____

Fees (To be filled in by City)

Permit Fee	\$ _____
Plan Check Fee	\$ _____
Penalty Fee	\$ _____
State Surcharge Fee	\$ _____
MCES SAC Fee	\$ _____
Plumbing Fee (See Schedule)	\$ _____
Mechanical Fee (See Schedule)	\$ _____
Sewer Hookup Fee (\$100)	\$ _____
Water Hookup Fee (\$100)	\$ _____
Water Tapping Fee (1" - 1 1/2" \$400)	\$ _____
(2" and Over)	\$ <u>Time and Material</u>
Main Trunk Fee: Water (\$1,500)	\$ _____
Sewer (\$1,500)	\$ _____
City SAC Fee (\$750)	\$ _____
City WAC Fee (\$750)	\$ _____
Utility Service Agmt. Deposit (\$300)	\$ _____
(If Applicable)	
Engineering Fee (\$150)	\$ _____
TOTAL PERMIT FEES:	\$ _____

Make Check Payable to: CITY OF NEWPORT

Payment made: _____, 20____ Receipt # _____ Check # _____ or Cash _____

******* ITEMS BELOW ARE FOR CITY BUILDING OFFICIAL USE *******

Submittals and Approvals Received by CITY Building Official / Date Application Received: _____

_____ Environmental Health Approval	_____ Site Plan	_____ Energy Calculations	_____ Completed Application
_____ Zoning Approval	_____ Construction Plans	_____ Applicable Waivers	_____ Other

Comments/Conditions: _____

Building Official Approval: _____ **Date:** _____

City of Newport
Application for Grading Permit

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

Application Date: _____ **Permit No.** _____

All Contractors must be licensed in the City of Newport.

This developer is to obtain all grading and wetland permits, which may be applicable to the project. This may include permits from the Corp. of Engineers, Minnesota Department of Natural Resources, Minnesota Pollution Control Agency, and Watershed District. Copies of these permits shall be provided to the City of Newport prior to grading activities.

Grading Site Address: _____

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

Property Owner: _____

Property Owner's Address: _____

Phone: _____ Fax: _____

Firm Preparing Grading and Erosion Control Plan: _____

Contact Name: _____

Firm's Address: _____

Phone: _____ Fax: _____

Contractor Performing Grading: _____

Project Superintendent: _____

Contractor's Address: _____

Phone: _____ Fax: _____

Describe the work applied for under this permit:

Estimated cubic yards of material to be moved onsite: _____

Estimated cubic yards of material to be imported to and/or exported from the site: _____

Estimated total acreage distributed by grading: _____

Estimated lineal feet of erosion control fence required for erosion control: _____

Enclose four copies of the Grading Plan showing existing and proposed final contours of the site. The grading plan shall also indicate all erosion control facilities to be installed and maintained during and following the grading operation.

All necessary permits from other governing agencies have been/will be obtained prior to the commencement of grading activities. Copies of said permits will be submitted to the City of Newport. He/she has the necessary authority to execute this application.

THE UNDERSIGNED HEREBY AGREES ALL WORK WILL BE DONE IN ACCORDANCE WITH THE ORDINANCES OF THE CITY OF NEWPORT AND THE REQUIREMENTS OF THE CITY OF NEWPORT AND THE REQUIREMENTS OF APPROPRIATE GOVERNMENTAL ENTITIES HAVING JURISDICTION OVER THE WORK.

Signature

Date

DATE:

SITE ADDRESS:

OWNER	
Owner's Name	
Street Address	
City	
State	Zip
Phone	
Use of Building	

MASTER INSTALLER	
Company Name	
Applicant's Name	
Address	
City	
State	Zip
Phone	

COST OF JOB:

Certification

The undersigned hereby makes application for plumbing or sewer work as herein specified, that all statements herein are true and that all work herein mentioned will be done in accordance with City Ordinances, the State of Minnesota, and rulings of the Inspection Department. This permit may be revoked at any time for due cause.

I hereby certify that I have read and examined this application and know the same to be true and correct.

APPLICANT'S SIGNATURE **DATE**

INSPECTOR'S SIGNATURE **DATE**

PERMIT #	RECEIPT #	CHECK #
-----------------	------------------	----------------

HEATING PLANT		
SYSTEM	FUEL	TYPE OF WORK
Forced Air	Oil	New
Hot Water	Gas	Replace
Steam Boiler	Electric	Repair
Make		
Model		
BTU Input		
Remarks:		

AIR CONDITIONING	
Make	New
Model	Replace
Cooling Med.	Repair
Cap.in tons	
Remarks:	

OTHER
Describe work: (ventilation, gas piping, refrigeration)

TOTAL COST OF MECHANICAL PERMIT	
Permit	\$ _____
Plan Review	\$ _____
State Surcharge	\$ _____
Total	\$ _____

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 Areas: _____

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

Professionals Involved

General Contractor: _____ License Number: _____ Telephone: _____

Plumbing: _____ License Number: _____ Telephone: _____

Mechanical Contractor: _____ License Number: _____ Telephone: _____

Electrical: _____ License Number: _____ Telephone: _____

Other: _____ 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: _____

Fees (To be filled in by City)

Permit Fee	\$ _____
Plan Check Fee	\$ _____
Penalty Fee	\$ _____
State Surcharge Fee	\$ _____
MCES SAC Fee	\$ _____
Plumbing Fee (See Schedule)	\$ _____
Mechanical Fee (See Schedule)	\$ _____
Sewer Hookup Fee (\$100)	\$ _____
Water Hookup Fee (\$100)	\$ _____
Water Tapping Fee (1" - 1 1/2" \$400)	\$ _____
(2" and Over)	\$ <u>Time and Material</u>
Main Trunk Fee: Water (\$1,500)	\$ _____
Sewer (\$1,500)	\$ _____
City SAC Fee (\$750)	\$ _____
City WAC Fee (\$750)	\$ _____
Utility Service Agmt. Deposit (\$300)	\$ _____
(If Applicable)	
Engineering Fee (\$150)	\$ _____
TOTAL PERMIT FEES:	\$

Make Check Payable to: CITY OF NEWPORT

Payment made: _____, 20____ Receipt # _____ Check # _____ or Cash _____

***** ITEMS BELOW ARE FOR CITY BUILDING OFFICIAL USE *****

Submittals and Approvals Received by CITY Building Official / Date Application Received: _____

_____ Environmental Health Approval	_____ Site Plan	_____ Energy Calculations	_____ Completed Application
_____ Zoning Approval	_____ Construction Plans	_____ Applicable Waivers	_____ Other

Comments/Conditions: _____

Building Official Approval: _____ **Date:** _____

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.***

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)

SITE PLAN

Rear Yard

Side Yard

Side Yard

Front Yard

Final Approval By:
City Administrator _____ Date: _____

Planning & Zoning Official _____ Date: _____



Plan Review Supplement

Please provide the following information and documentation referencing the 2007 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**
- 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



Legal Description: _____

✓	Acceptable
X	Unacceptable
N/A	Not Applicable

Address _____

Permit No. _____

Survey Date: _____

Checked By: JBS

Check for:

- 1 DWG File of Certificate & Grading Plan for Lot
- 2 Survey Shows underlying data from City of Newport **Approved Grading Plan**
- 3 Proposed Structures
- 4 Existing Structures (existing and neighboring lots to including driveways & ground elevation)
- 5 Street Address
- 6 Property Boundaries
- 7 100-Year Flood Elevation
- 8 Existing and Proposed lot corner elevations (must match approved Grading Plan)
- 9 Proposed drainage flow (arrows) and a note that required a minimum 6-inch drop in grade within 10' of building.
- 10 Proposed garage floor elevation & grade from garage floor to top of curb (2% plus 12")
- 11 Proposed lowest floor elevation
- 12 Proposed lowest floor opening (for egress window - sill height & top of outside ground elevation required)
- 13 Proposed top of foundation elevation
- 14 Proposed finished grade elevations at building corners
- 15 Existing property corners & building corner offset stake at Side Yard line
- 16 Detailed spot elevations for drainage swales based on the approved grading plan
- 17 Existing and proposed mid-point elevations on side lot lines & opposite of garage
- 18 Existing top of curb elevations at the extension of side lot lines and at the midpoint of the lot
- 19 Maximum driveway width of **24'** between property line and curb.
- 20 Survey benchmarks shall be identified - **must be nearest permanent hydrant or geodetic benchmark**
- 21 Location of San Sewer and Water Service lines showing shut off's
- 22 On-site sewage treatment system location and potable well location, if applicable
- 23 Silt fence and erosion control facilities
- 24 Rock driveway location
- 25 1 Front Yard Tree per Lot
- 26 1 Boulevard Tree per Lot

Review Status	
<input type="checkbox"/>	Corrections Requested
<input type="checkbox"/>	Application Rejected
<input type="checkbox"/>	Application Approved

Builder Name: _____

Surveyors Name: _____

Permittees 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.

Date Last Reviewed

Engineer's Approval

BY: _____
 MN Reg: 14,400 John B Stewart P.E.

Tel: 651.225.8090
 johnbstewart@qwest.net

DATE:

SITE ADDRESS:

OWNER	
Owner's Name	
Street Address	
City	
State	Zip
Phone	
Use of Building	

PLUMBER	
Company Name	
Applicant's Name	
Address	
City	
State	Zip
Phone	

COST OF JOB:

PERMIT #	RECEIPT #	CHECK #
-----------------	------------------	----------------

Number of Fixtures	
Water Closet	
Lavatory	
Bath Tub	
Shower	
Floor Drain	
Kitchen Sink	
Garbage Disposal	
Dishwasher	
Washer Box	
Laundry Tub	
Sump Pump/Basket	
Water Heater	
Water Softner	
Rough-ins	
Sewer and Water	
Other:	
NUMBER OF	

CLASS OF WORK:	
Install new	
Alter	
Repair	

TOTAL COST OF PLUMBING PERMIT	
Permit	\$ _____
Plan Review	\$ _____
State Surcharge	\$ _____
Total	\$ _____

Certification

The undersigned hereby makes application for plumbing or sewer work as herein specified, that all statements herein are true and that all work herein mentioned will be done in accordance with City Ordinances, the State of Minnesota, and rulings of the Inspection Department. This permit may be revoked at any time for due cause.

I hereby certify that I have read and examined this application and know the same to be true and correct.

APPLICANT'S SIGNATURE DATE

INSPECTOR'S SIGNATURE DATE

City of Newport

Application for Sewer and Water Service

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

Application Date: _____ Permit No. _____

Site Address: _____

Property Owner's Name: _____

Property Owner's Address: _____

Phone: _____ Fax: _____

Contractor's Name: _____

Contractor's License Number: _____

Contractor's Address: _____

Phone: _____ Fax: _____

_____ inch Sewer Connection to be laid from the Sewer

_____ inch Water Connection to be laid from the Water Main on _____

to _____ the site address.

Sewer/Water to be used to service:

_____ Dwelling _____ Store _____ Office _____ Factory _____ Other

Scheduled Charge for Sewer Permit: \$ _____

State Surcharge for Sewer Permit: \$ _____

Scheduled Charge for Water Permit: \$ _____

State Surcharge for Water Permit: \$ _____

Scheduled Charge for Street Restoration: \$ _____

Scheduled Charge for Water Tapping: \$ _____

Permit Fees Paid: \$ _____

Other Charges Paid: \$ _____

Total Amount Paid: \$ _____

Received By: _____ Date: _____ Receipt Number: _____

- I hereby agree to assume all responsibility arising from the breakage or leakage of such pipe, and I hereby release the City from any and all damage caused by water from any breakage or leakage of mains or service pipes.

- I further agree to accept and abide by all the rules and ordinances pertaining to the installing of sewer/water connections and to pay all fees, rentals, and charges which are in force at this time or shall be adopted hereafter.
- In case installation is to be upon a surfaced street it shall be the contractors responsibility to restore the portion of roadway as soon as possible to its original condition, subject to approval by the Superintendent of Public Works.
- The Certificate of Occupancy will not be issued until all street restoration is satisfactorily completed.

Owner or Authorized Agent	Address	Phone
---------------------------	---------	-------

Inspection Date: _____ Made By: _____

Approved By: _____

Superintendent of Public Works

Comments:



City of Newport
Application For Work in Right Of Way
& Utility Permit

Appendix D

For City Use Only

Permit No. _____
 Street Section _____ at _____
 Permit Fee \$ _____
 Company _____
 Project No. _____

Application is hereby made for permission to work in or to locate , construct and thereafter maintain a _____ along or across a City owned Right of Way from _____ to _____ at a distance of _____ feet from the centerline, north, south, east, west, side of the Right of way in accordance with the attached sketch and following description.

1. AERIAL CONSTRUCTION	FEET	TYPE	No. CONDUCTORS	VOLTAGE	STRUCTURE TYPE
Min. CONDUCTOR HEIGHT	FE	CROSSING CLEARANCE		FEET	DRIVEWAY CLEARANCE
					FEET

2. UNDERGROUND CONSTRUCTION	TYPE	CONDUIT TYPE	CASING TYPE	MATERIAL TRANSPORTED
DIAMETER	Min. DEPTH		Max. OPERATING PRESSURE	

METHOD OF INSTALLATION UNDER ROADBEDS AND DRIVEWAYS (If open trench explain why)

_____ Boring _____ Jacking _____ Pneuma _____ Open Trench _____ Other

Explanation of Construction Methods _____

 Restoration Proposed (please describe) _____

 Project Schedule (please describe) _____

3. The applicant in accomplishing any of the work herein mentioned or referred to in this permit applications and in the permit issued heretofore , shall strictly conform to the terms of such permit, and the regulations and ordinances of the City of Newport, as are on file in the office of the City Clerk, together with any special provisions, all of which are made a part thereof, and specifically agrees to be bound hereby. The applicant shall also comply with all applicable codes, laws, and regulations of all governmental agencies having jurisdiction over the work scope. The applicant shall verify locations of, all other utilities and facilities in the work area and shall coordinate with the owners of these having jurisdiction over the work scope. The City reserves the right to require the relocation of any facility located by the applicant. Any such location shall be accomplished for the City's convenience and at no cost to the City. The work shall be accomplished in a manner that will not be detrimental to the City's infrastructure or to the safety of the public. The applicant shall refer to and comply with the requirements of Ordinance 98-1 in the progress of this work.

4. The undersigned agrees to hold the City of Newport harmless from any and all claims for damages arising from the conduct of the work or location or operation of facilities described by this permit. The applicant shall also reimburse the City for any costs incurred defending or responding to claims resulting from the conduct of work or location or operation of facilities described by this permit.

Dated this _____ day of _____, 20____

Officers Signature _____	Name of applicant _____
Title _____	Address _____
Phone _____	Phone _____
Name of Contractor _____	Name of Contact Person _____
and Contact _____	for Applicant _____
Address _____	Address _____
Phone _____	Phone _____

DO NOT WRITE BELOW THIS LINE

In accordance with the application herein, a Permit is granted to the applicant to work within the City's Right of Way and to locate, construct, and thereafter maintain on or across the Right of Way of the City in the location shown on the sketch which is part of the application, or in such location or manner as may be specified by the City or as described in the attached Special Provisions. Upon the completion of the construction the applicant shall provide the City with a Record drawing showing the location of the As Built facilities. The record drawings shall be provided in an electronic form acceptable to the City.

Performance Bond, Cashier's Check or Certified Check No. _____. (No interest shall be earned on this deposit).

Special Provisions: SEE ATTACHED SPECIAL PROVISIONS AND:

Copies: _____ Applicant
 _____ City
 _____ Public Works
 _____ City Engineer

Approved: _____
 City
 Date: _____, 20____