City of Pipestone
119 2nd Ave SW
Pipestone, MN 56164
Phone: 507.825.3324 SAFEbuilt: 952.442.7520

PIPESTONE
Minnesota

Office Use Only

PERMIT NUMBERS
PRIMARY: _____
MECHANICAL: _____
PLUMBING: _____

TYPE: □ Commercial □ Residential □ Educational/Institutional/State-Licensed

□ Accessory Structure <=200 SF	□ Fire Supression	□ Modular Home	□ Repair/Remodel/Alteration
□ Addition	□ Fire Supression (Type I Hood)	□ Moved-In Structure	□ Re-Roof
□ Basement Finish	□ Fuel Tank/Pump Install/Remove	□ New Garage/Accessory Structure	□ Re-Side
□ Change of Occupancy	□ Foundation Repair/Draintile	□ New Home/Townhome	□ Retaining Wall <=4'
□ Deck/Porch (residential)	□ Garage O/H door replacement	□ New Multi-Family	□ Re-Window/Exterior Door
□ Demolition	□ Gas line only (provide detail below)	□ New Commercial Bldg	□ Solar
□ Fence <=7' high	□ Manufactured Home	□ New Structure (other)	□ Other
□ Fire Alarm	□ Mechanical (provide detail below)	□ Plumbing (provide detail below)	

DETAILED DESCRIPTION OF WORK: | **ESTIMATED VALUATION OF WORK:**

Applicant is: □ Owner OR □ Contractor

Applicant Name: E-Mail: Phone:

JOB SITE: _____ **PID:** _____
street address city/state/zip (parcel ID)

PROPERTY OWNER: Address: □ **same as Job Site address**
Phone: Email: (City/State/Zip)

CONTRACTOR: Address:
Phone: Email: (City/State/Zip)

Contractor License No: Contact Name: Phone:

ARCHITECT: Address:
Phone: Email: (City/State/Zip)

1) Was the home constructed before 1978? (**YES** □, continue with line 2, **NO** □ continue without completing EPA Section)
2) Will the work disturb ≥6 sq ft of interior painted surfaces or ≥20 sq ft of exterior painted surfaces? (**YES** □ go to line 4, **NO** □ line 3)
3) Are there any windows being replaced? (**YES** □, go to line 4, **NO** □ continue without completing EPA Section)
4) Has this home been Certified Lead Free? (**YES** □, you MUST Attach Certification Information, **NO** □ complete line 5)
5) EPA Contractor Certification Number: **NAT -**

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required and authorizes the Zoning Administrator or designee and the Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice. I hereby acknowledge that I have read this application and state that all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with approved plans, specifications and conditions and to abide by all ordinances of the Municipality and the laws of the State of Minnesota regarding actions taken pursuant to this permit. **I agree to pay all plan review fees even if I choose not to proceed with the work.** Permit expires when work is not commenced within 180 days from date of permit, or if work is suspended, abandoned, or not inspected for 180 days. Work beyond the scope of this permit, or work without a permit or inspection, will be subject to a penalty.

SIGNATURE OF APPLICANT: **DATE:**

MECHANICAL INFORMATION

CONTRACTOR: Address:
Phone: Email: (City/State/Zip)

Mechanical Bond No: Contact Name: Phone:

Indicate appliances and gas lines you will be installing or replacing (include count for each type):
□ **Replacement (one fixture only, no piping or vent changes)** □ **Addition/Remodel** □ **New Construction**

MECHANICAL APPLIANCES

Quantity		Quantity	
_____	Furnace	_____	Kitchen Fan
_____	Air Conditioning System	_____	Bath Fan
_____	Air Exchanger	_____	Grill
_____	Fireplace	_____	Unit Heater
_____	In Floor Heat	_____	Gas Log

GAS LINES

Quantity		Quantity	
_____	Furnace	_____	Dryer
_____	Fireplace	_____	Stove
_____	Unit Heater	_____	_____
_____	Water Heater	_____	_____
_____	Grill	_____	_____

PLUMBING INFORMATION

CONTRACTOR: Address:
Phone: Email: (City/State/Zip)

Plg Contractor License No: Contact Name: Phone:

□ **Replacement (one fixture only, no piping or vent changes)** □ **Addition/Remodel** □ **New Construction**
Indicate fixtures you will be installing or replacing (include count for each type):

Quantity		Quantity		Quantity		Quantity	
_____	Water Heater	_____	Shower	_____	Laundry Tub	_____	Lawn Sprinkler System
	□ Gas □ Electric	_____	Bathtub	_____	Rough-In Future Fixture	_____	Hose Bib
_____	Water Softener	_____	Dishwasher	_____	Sump	_____	Kitchen Sink
_____	Water Closet (Toilet)	_____	Clothes Washer	_____	Water Piping System	_____	_____
_____	Lavatory (Wash Basin)	_____	Ice Maker Line	_____	Floor Drain	_____	_____