

# City of NEWPORT Building Permit Application for New Construction

Newport City Hall ♦ 596 7<sup>th</sup> 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: \_\_\_\_\_

**Fees (To be filled in by City)**

|                                 |                 |
|---------------------------------|-----------------|
| Permit Fee                      | \$ _____        |
| Plan Check Fee                  | \$ _____        |
| Penalty Fee                     | \$ _____        |
| State Surcharge Fee             | \$ _____        |
| MCES SAC Fee                    | \$ _____        |
| Main Trunk Fee: Water (\$1,500) | \$ _____        |
| Sewer (\$1,500)                 | \$ _____        |
| City SAC Fee (\$750)            | \$ _____        |
| City WAC Fee (\$750)            | \$ _____        |
| Engineering Fee (\$150)         | \$ _____        |
| <b>TOTAL PERMIT FEES</b>        | <b>\$ _____</b> |

**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.***

**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: \_\_\_\_\_

# City of Cottage Grove//City of Newport New Home Submittal Requirements

Please submit the permit application with following detailed project information attached.

## New Homes...

- Site plan, floor plans, wall section, elevation and detail prints, including header and beam information (One Full Set)
- Wall bracing calculations showing compliance with R602.10 requirements
- Certificate of Survey with Legal Description and proposed grading elevations
- Energy code compliance submittals shall include...
  - Insulation materials and their R- values
  - Fenestration U-factors and solar heat gain coefficients
  - Mechanical system design criteria
  - Mechanical and water heating system and equipment types, sizes and efficiencies
  - Equipment systems controls
  - Fan motor horsepower and controls
  - Duct sealing and location and insulation on ducts and pipes
  - Lighting fixture schedule with wattage and control narrative
  - Air sealing details
- Energy code compliance worksheet
- Detailed fire sprinkler plans (NFPA 13D compliant) are required for homes over 4,500 square feet
- Provide, on a separate permit sheet, the name, address, and phone number of sub-contractors for mechanical, plumbing, sewer/water, and grading work
- If not on City Sewer, provide copies of septic design with percolation tests and soil boring data. Obtain septic and well permits from Washington County Public Health Department, 14900 61st Street North, Stillwater, MN 55082. Phone 651-430-6655

**Separate permits are required for electrical work.  
All contractors must possess a current state or local license.**

## Fees...

- Permit fees are calculated according to the City of Cottage Grove fee schedule and pertinent local ordinances.
- Fees are payable to the City of Cottage Grove upon issuance of permit.

**...Processing time constraints may apply to your project...**

No construction is allowed until permit has been issued

**Questions? Please Call 651-458-2804**

**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](mailto: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

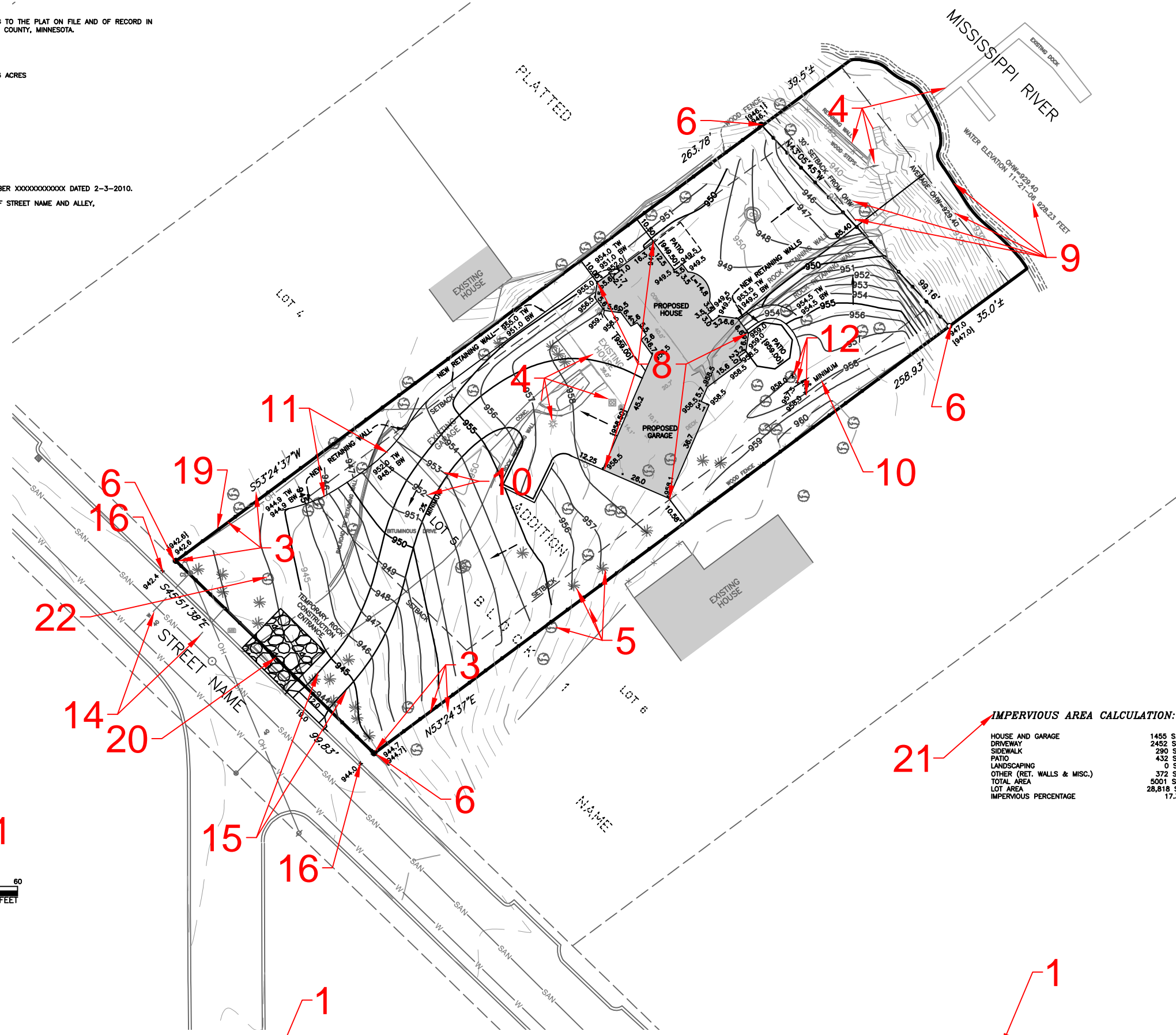
**NOTE:**

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
- ⊙BQ . . . . . BARBECUE GRILL
- ⊙ . . . . . AUTO SPRINKLER
- ⊙ . . . . . BASKETBALL HOOP
- ⊙ . . . . . BENCH
- ⊙ . . . . . WATER SPIGOT
- ⊙ . . . . . TRENCH DRAIN
- ⊙ . . . . . XXXXXXXXXX
- ⊙ . . . . . 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 |
| PROJECT DATE: |            | DRAWN BY: INIT   |     |      |          |    |
| F.B.:         |            | CHECKED BY: INIT |     |      |          |    |

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 | FILE NO. |
| OWNER NAME   | SHEET    |
| ADDRESS      |          |

# 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 | Active (With fan and monometer or other system monitoring) |  |
| 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:                                 |
| <b>Windows &amp; Doors</b>                            | <b>Heating or Cooling Ducts Outside Conditioned Spaces</b> |
| 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         |  |
| <b>Select Type</b>   |  |      |  |       |  | 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 <sup>A</sup> | ONE OR MULTIPLE FAN-ASSISTED APPLIANCES AND POWER VENT OR DIRECT VENT APPLIANCES <sup>B</sup> | ONE ATMOSPHERICALLY VENTED GAS OR OIL APPLIANCE OR ONE SOLID FUEL APPLIANCE <sup>C</sup> | MULTIPLE APPLIANCES THAT ARE ATMOSPHERICALLY VENTED GAS OR OIL APPLIANCES OR SOLID FUEL APPLIANCES <sup>D</sup> |
|---|---|---|--|---|
| 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*.





**MECHANICAL PERMIT APPLICATION**

CITY OF NEWPORT  
596 7TH AVENUE  
NEWPORT, MN. 55055  
651-459-5677

**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 mechanical 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**

|                 |                  |                |
|-----------------|------------------|----------------|
| <b>PERMIT #</b> | <b>RECEIPT #</b> | <b>CHECK #</b> |
|-----------------|------------------|----------------|

| 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                 | \$ _____        |
| <b>Total</b>                    | <b>\$ _____</b> |

**PLUMBING PERMIT APPLICATION**

CITY OF NEWPORT  
596 7TH AVENUE  
NEWPORT, MN. 55055  
651-459-5677

|              |
|--------------|
| <b>DATE:</b> |
|--------------|

|                      |
|----------------------|
| <b>SITE ADDRESS:</b> |
|----------------------|

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

| PLUMBER                    |     |
|----------------------------|-----|
| Company Name and License # |     |
| Applicant's Name           |     |
| Address                    |     |
| City                       |     |
| State                      | Zip |
| Phone                      |     |

|                     |
|---------------------|
| <b>COST OF JOB:</b> |
|---------------------|

|                 |                  |                |
|-----------------|------------------|----------------|
| <b>PERMIT #</b> | <b>RECEIPT #</b> | <b>CHECK #</b> |
|-----------------|------------------|----------------|

| 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:             |  |
| <b>NUMBER OF</b>   |  |

| 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**