



City of Hayfield
Phone: (507) 477-3535
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Office Use Only

PERMIT NUMBERS
 PRIMARY: _____
 MECHANICAL: _____
 PLUMBING: _____

TYPE: Commercial Residential Educational/Institutional/State-Licensed

<input type="checkbox"/> Accessory Structure <=200 SF	<input type="checkbox"/> Fire Supression	<input type="checkbox"/> Modular Home	<input type="checkbox"/> Repair/Remodel/Alteration
<input type="checkbox"/> Addition	<input type="checkbox"/> Fire Supression (Type I Hood)	<input type="checkbox"/> Moved-In Structure	<input type="checkbox"/> Re-Roof
<input type="checkbox"/> Basement Finish	<input type="checkbox"/> Fuel Tank/Pump Install/Remove	<input type="checkbox"/> New Garage/Accessory Structure	<input type="checkbox"/> Re-Side
<input type="checkbox"/> Change of Occupancy	<input type="checkbox"/> Foundation Repair/Draintile	<input type="checkbox"/> New Home/Townhome	<input type="checkbox"/> Retaining Wall <=4'
<input type="checkbox"/> Deck/Porch (residential)	<input type="checkbox"/> Garage O/H door replacement	<input type="checkbox"/> New Multi-Family	<input type="checkbox"/> Re-Window/Exterior Door
<input type="checkbox"/> Demolition	<input type="checkbox"/> Gas line only-provide detail on Page 2	<input type="checkbox"/> New Commercial Bldg	<input type="checkbox"/> Solar
<input type="checkbox"/> Fence <=7' high	<input type="checkbox"/> Manufactured Home	<input type="checkbox"/> New Structure (other)	<input type="checkbox"/> Other
<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Mechanical (provide detail below)	<input type="checkbox"/> 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)

Contr License No: _____ **NAT (Lead) No:** _____ **Contact Name:** _____ **Phone:** _____

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

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:** _____

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PLANNING: Reviewed by: _____ **Date:** _____
 Zoning District: _____ Min Required Setbacks: Front _____ Side _____ Rear _____ Road ROW _____
 Other _____ Subject to the following conditions: _____

BUILDING: Reviewed by: _____ **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

<u>MECHANICAL APPLIANCES</u>		<u>GAS LINES</u>	
<u>Quantity</u>	<u>Quantity</u>	<u>Quantity</u>	<u>Quantity</u>
_____ Furnace	_____ Kitchen Fan	_____ Furnace	_____ Dryer
_____ Air Conditioning System	_____ Bath Fan	_____ Fireplace	_____ Stove
_____ Air Exchanger	_____ Grill	_____ Unit Heater	_____
_____ Fireplace	_____ Unit Heater	_____ Water Heater	_____
_____ In Floor Heat	_____ Gas Log	_____ 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):

<u>Quantity</u>	<u>Quantity</u>	<u>Quantity</u>	<u>Quantity</u>
_____ Water Heater	_____ Shower	_____ Laundry Tub	_____ Lawn Sprinkler System
<input type="checkbox"/> Gas <input type="checkbox"/> Electric	_____ Bathtub	_____ Rough-In Future Fixture	_____ Hose Bib
_____ Water Softener	_____ Dishwasher	_____ Sump	_____
_____ Water Closet (Toilet)	_____ Clothes Washer	_____ Water Piping System	_____
_____ Lavatory (Wash Basin)	_____ Ice Maker Line	_____ Floor Drain	_____