



# CITY OF EDINA

4801 50<sup>th</sup> Street West, Edina, MN 55424-1394

## Building Inspections Department

(952) 826-0372 FAX (952) 826-0389 TDD (952) 826-0379

www.cityofedina.com/building

PERMIT NUMBER

HERITAGE LANDMARK  
CASE NUMBER

for office use only

# Building Permit Application

PRINT OR TYPE APPLICATION

### Site Information

Address \_\_\_\_\_ Suite/Unit number \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Tenant/Building name \_\_\_\_\_

Year structure built \_\_\_\_\_

### Work Description

Proposed starting date \_\_\_\_\_ Completion date \_\_\_\_\_

1 New     2 Addition     3 Alteration     3 Remodel     4 Repair     4 Replace

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Single Family Detached     | <input type="checkbox"/> 3&4 Family Residential        | <input type="checkbox"/> Recreation/Amusement     | <input type="checkbox"/> Private School              |
| <input type="checkbox"/> Single Family Attached     | <input type="checkbox"/> 5 & More Residential          | <input type="checkbox"/> Grade/Fill/Excavate Only | <input type="checkbox"/> Church/Religious Bldg       |
| <input type="checkbox"/> Residential Garage/Addn    | <input type="checkbox"/> Office/Warehouse              | <input type="checkbox"/> Demolition Single Family | <input type="checkbox"/> Hospital/Institutional Bldg |
| <input type="checkbox"/> Residential Addition/Porch | <input type="checkbox"/> Restaurant                    | <input type="checkbox"/> Demolition 2 Family      | <input type="checkbox"/> Antenna/Tower/Dish/Etc.     |
| <input type="checkbox"/> Residential Deck/Shed      | <input type="checkbox"/> Office/Bank/Professional      | <input type="checkbox"/> Demolition 3&4 Family    | <input type="checkbox"/> Other Nonresidential Bldg   |
| <input type="checkbox"/> Reroof                     | <input type="checkbox"/> Retail Store                  | <input type="checkbox"/> Demolition 5&More Family | <input type="checkbox"/> Pools                       |
| <input type="checkbox"/> Interior Remodel           | <input type="checkbox"/> Hotel/Motel                   | <input type="checkbox"/> Other Demolition         | <input type="checkbox"/> City Owned                  |
| <input type="checkbox"/> Basement Finish            | <input type="checkbox"/> Parking Garage/Ramp           | <input type="checkbox"/> Industrial Building      | <input type="checkbox"/> Heritage Landmark District  |
| <input type="checkbox"/> 2 Family Residential       | <input type="checkbox"/> Service Station/Repair Garage | <input type="checkbox"/> Public School            | <input type="checkbox"/> Retaining Wall              |

Job Description \_\_\_\_\_

Construction Type \_\_\_\_\_ Occupancy Classification \_\_\_\_\_ Fire Sprinklered  Yes  No

### Project Valuation

### Applicant is

Owner     Contractor     Designer

### Contractor Information

Company name \_\_\_\_\_ Contact name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ EMail \_\_\_\_\_ Fax \_\_\_\_\_

Contractors License # \_\_\_\_\_  \_\_\_\_\_ Lead Certification # \_\_\_\_\_   \_\_\_\_\_

### Designer Information

Company name \_\_\_\_\_  Architect     Engineer     Designer

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact person name \_\_\_\_\_ MN License/Registration # \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

**COMPLETE APPLICATION ON REVERSE SIDE**

**Owner Information**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

**Applicant Signature**

I hereby apply for a permit and attest to the following:

All information on this application is complete and accurate.

All work will comply with Edina City Code and Minnesota State Building Code.

I understand this is an application only, not a permit. Work will not start without an approved permit.

All work will be done according to plans approved by the City of Edina when approved plans are required.

Erosion and sediment control, when applicable, will be installed before starting work.

Existing grades and drainage will not be altered without approved grading/drainage plans and schedule.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's printed or typed name \_\_\_\_\_

**Owner/Applicant Statement - To be completed only when the homeowner is the permit applicant**

I understand the State of Minnesota requires residential contractors, residential remodelers and residential roofers be licensed to work in the State unless they qualify for a specific exemption from the licensing requirements. By signing this statement, I certify that I am building or improving this dwelling myself. I claim to be exempt from state licensing requirements because I am not in the business of building on speculation or for resale. I certify I have not built or improved any other residential structures in the State within the past twenty-four months. I also acknowledge that, because I do not have a state license, I forfeit any mechanic's lien rights to which I may otherwise have been entitled under MS 514.01.

I further acknowledge I may be hiring independent contractors to perform certain aspects of the improvements on this dwelling, and I understand some of these contractors may be required to be licensed by the State. I understand unlicensed residential contracting, residential remodeling and residential roofing activity is a misdemeanor under Minnesota law, and I forfeit my rights to reimbursement from the Contractors Recovery Fund in the event any contractors I hire are unlicensed.

Homeowner's signature \_\_\_\_\_ Date \_\_\_\_\_

Homeowner's typed or printed name \_\_\_\_\_

Contact the Minnesota Department of Labor and Industry to determine if a contractor is licensed or exempt or to check on contractor status. Metro 651-284-5005, Outstate: 1-800-342-5354 or [www.dli.mn.gov](http://www.dli.mn.gov) and follow links to [License Lookup](#)

**Approvals**

for office use only

Building Inspections Dept  
 By \_\_\_\_\_ Date \_\_\_\_\_

Engineering Dept  
 By \_\_\_\_\_ Date \_\_\_\_\_

Planning Dept/Heritage Preservation Board  
 By \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_

Health Dept  
 By \_\_\_\_\_ Date \_\_\_\_\_

Fire Dept  
 By \_\_\_\_\_ Date \_\_\_\_\_

Assessing Dept  
 By \_\_\_\_\_ Date \_\_\_\_\_

**Fees**

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Permit fee  Yes  No \_\_\_\_\_

Plan review fee  Yes  No \_\_\_\_\_

State surcharge  Yes  No \_\_\_\_\_

Contractor license fee  Yes  No \_\_\_\_\_

Investigation fee  Yes  No \_\_\_\_\_

SAC fee  Yes  No \_\_\_\_\_ # of units \_\_\_\_\_

Sewer assessment  Yes  No \_\_\_\_\_

Water assessment  Yes  No \_\_\_\_\_

Sewer REC  Yes  No \_\_\_\_\_ # of units \_\_\_\_\_

Water REC  Yes  No \_\_\_\_\_ # of units \_\_\_\_\_

TOTAL \_\_\_\_\_



<b>EDINA BUILDING DEPARTMENT INFORMATION SHEET</b>		SHEET NUMBER IS-001
SUBJECT Swimming Pool Plan Requirements		REVISION NUMBER 2 on 4/14/04
CODE REFERENCE ECC, Sec 450	APPROVAL <i>Steve G. Hickman</i>	EFFECTIVE DATE 1/16/03
		PAGE 1 of 1

### SWIMMING POOL PLAN SUBMISSION REQUIREMENTS

1. Submit three (3) sets of drawings (1/4" scale) of proposed swimming pool that show the following:
  - a) Plumbing diagram
  - b) Diving board, if applicable
  - c) Stairs, ladders and swimouts
  - d) Skimmer locations
  - e) Inlets
  - f) Main drain
  - g) Cross section diagram of the swimming pool
  - h) Proposed pool decks
2. Submit three (3) surveys that comply with Edina Building Inspections Department Policy #P-005 and:
  - a) Indicate a 14 foot setback from the water's edge to rear and side yard property lines
  - b) Indicate a 10 foot setback from water's edge to utility lines, if applicable
  - c) Indicate the location of recirculation equipment A 10 foot setback from property lines is required.
  - d) Indicate the location of fencing, including any gates
3. Provide the following information:
  - a) Make and model number of the filter and pump
  - b) Type of filter (sand, D.E., cartridge)
  - c) Designed flow rate of recirculation system
  - d) Liquid capacity of the pool
  - e) Type of handhold around the pool perimeter
  - f) Make, model and description of chlorinator
4. Additional permit and inspections required for electrical work.
5. Additional mechanical permit and inspections required for pool heater and pool heater gas lines.
6. All swimming pools must have a four (4) foot wide, moisture impervious deck extending entirely around the pool. Concrete or its equivalent is acceptable.
7. Permittee shall be responsible for erecting and maintaining a minimum four (4) foot high temporary fence around the excavation and swimming pool until permanent fencing is installed.
8. Permanent, non-climbable fencing at least four (4) feet in height with self-closing, self-latching gate(s) must be installed around the pool.
9. Call for the following required inspections when ready:
  - a) Footing: Before pouring, Building Inspections Department, 952 826 0372
  - b) Electrical: State Electrical Inspector, 612 866 5895
  - c) Plumbing air test: Building Inspections Department, 952 826 0372
  - d) Pool heater and gas piping: Building Inspections Department, 952 826 0372
  - e) Final swimming pool inspection: Health Department, 952 826 0463
 Address and permit number must be provided when scheduling inspections.
10. Swimming pool may not be filled without fencing in place
11. Swimming pool may not be used before final inspection approval



<b>EDINA BUILDING DEPARTMENT POLICY</b>		SHEET NUMBER P-005
SUBJECT Survey/Site Plan Requirements		REVISION NUMBER 6 on 02/06/07
CODE REFERENCE MSBC 1300.0130 Subp.2	APPROVAL <i>Steve G. Hickman</i>	EFFECTIVE DATE 12/4/00
		PAGE 1 of 1

Purpose: To provide adequate and accurate site information to all City departments involved in the review and approval of projects, as well as providing information for future reference.

Surveys are not required for structures and/or grading that do not require a permit. As-built surveys indicating setbacks and top of foundation are required for new dwellings prior to foundation backfill and where the bottom of footings are within the Flood Fringe. A Survey Compliance Certification indicating compliance with the approved survey must be provided by the surveyor prior to the final building inspection.

Surveys submitted to the City for permits must include:

1. Property lines showing monument locations. Registered surveyor must prepare survey.
2. Scale of drawing. Minimum scale 1' - 50'. Maximum sheet drawing size 24" x 36".
3. Full legal description.
4. Dimensions of lot including square footage and north arrow.
5. Dimensions of front, rear and side yards, proposed and existing.
6. Locations and dimensions of all existing buildings/structures on the lot.
7. Location and dimensions of proposed building/addition/structure, including portions of the structure cantilevered beyond the foundation.
8. Side yard and setback dimensions of buildings/structures on adjacent lots.
9. Location of all easements as shown on record plats.
10. National Geodetic Vertical Datum of 1929 (NGVD-1929) elevations at the following specific locations:
  - 10.1. Each lot corner (existing and proposed).
  - 10.2. Grade at the foundation and top of foundation of structures on adjacent lots.
  - 10.3. Grade at the foundation, top of foundation and garage floor of proposed new construction.
  - 10.4. Lowest point of entry (i.e. door sill or top of window well) of proposed and existing construction.
  - 10.5. Lowest floor of proposed and existing construction.
11. Placement and method of erosion control, including construction entrance location.
12. Arrows indicating direction of existing and proposed drainage.
13. One foot contours indicating existing and proposed grades.
14. Location of pylon sign (for commercial project only).
15. Record of revisions, with revision date, number and description.
16. Signature, date and certification of surveyor.

**Exception:** When no grading is to occur on the property and NGVD-1929 elevation at the lowest proposed floor level is indicated on the site plan, the Building Official, Planning Director and City Engineer may approve a site plan in lieu of a survey under the following conditions:

- The proposed structure is setback at least twice the required setback distance from property lines, and property corners and property lines adjacent to the proposed structure have been located and marked by a surveyor. or
- The proposed structure is setback at least twice the required setback distance from property lines, and property corner irons or monuments have been located and the **entire** property lines adjacent to the proposed structure have been marked.



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PERMIT NUMBER
APPROVED BY
FOR OFFICE USE ONLY

## GRADING/LANDSCAPING CERTIFICATION

### PROPERTY INFORMATION

Address \_\_\_\_\_ PID Number \_\_\_\_\_

Property Owner \_\_\_\_\_ (Owner verification may be required)

OwnerAddress \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

The purpose of this certification is to provide the City with information on parties responsible for grading or landscaping that may be occurring on the subject property. This information will enable City staff to deal with the appropriate individuals should problems or issues arise in connection with grading or landscaping on the subject property or adjacent properties.

### Read and complete applicable SECTION(S)

#### SECTION I

- There will be **no grading** , **no landscaping**  associated with this permit at the above address. Excess soil will be exported from site.
- There will be **grading** , **landscaping**  associated with this permit at the above address. Complete **SECTION II (CONTRACTOR)** and/or **SECTION III (PROPERTY OWNER)**

#### SECTION II – To be completed by contractor, if applicable

The **CONTRACTOR** to whom the permit was issued is responsible for the **grading** , **landscaping** , at the above address. It is understood grading and/or landscaping may not commence without City approved grading and/or landscaping plans.

#### SECTION III – To be completed by property owner, if applicable

The **PROPERTY OWNER** is responsible for the **grading** , **landscaping** , at the above address associated with this permit. It is understood separate, additional plans and a separate permit is required prior to any grading and/or landscaping.

**A permit may be required by the applicable WATERSHED DISTRICT in addition to City permits.**

### Contractor Information

Company Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

**Contractor and Property Owner signature and date REQUIRED on ALL Certifications**

**Property Owner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Contractor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_