



APPLICATION FOR WEATHERIZATION PERMIT

CITY OF BRAINERD
DEPARTMENT OF BUILDING SAFETY
CITY HALL – 501 LAUREL STREET
BRAINERD, MN 56401
218) 828-2309 FAX (218) 828-2316

APPLICATION MUST BE COMPLETED IN ITS ENTIRETY BEFORE A BUILDING PERMIT WILL BE ISSUED

SITE ADDRESS _____ Suite/Unit No. _____

LEGAL DESCRIPTION: Lot _____ Block _____ Subdivision _____

(Legal description may be found on the real estate tax statement or by calling 828-2309)

APPLICANT (check one): **OWNER** **CONTRACTOR** **ARCHITECT/ENGINEER**

<p>Owner/Buyer Information</p>	<p>Name _____</p> <p>Contact Person _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Cell Phone _____</p> <p>*Email _____</p> <p>Do you Homestead this property? (Check one) YES NO _____</p> <p style="text-align: right;">Owner Initials _____</p>
<p>Contractor Information</p>	<p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Cell Phone _____</p> <p>*Email _____ State License No. _____</p> <p>Provide Lead Renovator certification (see last page for RRP Rule)</p> <p>EPA Firm No. _____ Date of Structure (year built) _____</p>
<p>Architect/Engineer Information (if applicable)</p>	<p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Cell Phone _____</p> <p>*Email _____</p>

* Required

TYPE OF STRUCTURE (check one only)

- Single Family Residential
- Single Family Attached
- Two Family Residential
- Three/Four Family Residential
- Accessory Building
- Other, describe _____

Estimated Start Date: _____

Valuation = Total cost of labor & materials. List a valuation for each of the categories below where applicable.

Building: \$ _____

HVAC: \$ _____

TOTAL: \$ _____

Description of Proposed Work:

NON-COMPLYING SEPTIC SYSTEM

If your septic system is not in compliance with Chapter 7080 (the minimum technical standards for individual sewage treatment systems), **NO BUILDING PERMIT** will be issued until such time that it has been upgraded or brought in to compliance. Should failure or non-compliance occur between November 15 and April 15, a "Winter Window Agreement" is available for postponement of compliance until the following June 1.

CHECK ONE:

- Municipal sewer serves this property.
- This property is served by septic system (compliance report is required).

Timeline for Building Permit Applications

The Department of Building Safety strives to meet the following standards for reviewing plans, issuing permits and conducting inspections. During the peak construction season, the number of plan submittals may occasionally affect the Department's ability to meet these standards. Applications for permits should always be submitted as early as possible so as not to delay construction. Information sheets are available to help customers know what constitutes a complete permit application and complete work for an inspection.

New Construction and Remodeling for Single-Family and Two-Family Buildings: Ten business days upon receipt of completed application and materials. Up to three additional working days may be needed to evaluate revised plans and information.

Inspection Request: Inspection requests for specific times will be honored whenever possible. If the requested time is not available, the customer will be advised so that an alternate time can be selected. Twenty-four hours advance notice is requested.

I HEREBY APPLY FOR a Building Permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Brainerd and with the 2020 Minnesota State Building Code (MSBC). I understand this is not a permit, but only an application for a permit; and work is not to start without a permit that the work will be in accordance with the approved plan in the case of all work which requires plan review and approval of plans.

Applicant's Signature

Date

Print Name

Contact Number

N1101.8 Certificate
Builders Name/ Company

Date: _____ Site Address: _____

Contractor Name: _____ License Number: _____

<i>Location</i>	<i>Type of Insulation</i>	<i>Installed R-Value</i>	<i>Type</i>	<i>Location</i>	<i>Size</i>
			Makeup Air		
Roof/Ceiling			Combustion Air		
Walls			Water Heating		
Slab-on-Grade			<i>Manufacturer</i>	<i>Model</i>	
Floor			Ducts Outside of Conditioned Spaces		
Rim Joist		Interior, Exterior or Integral		<i>Location</i>	<i>R-Value</i>
Foundation Wall		Interior, Exterior or Integral			

	<i>Average U-Factor</i>	<i>SHGC (solar heat gain coefficient)</i>		<i>Passive</i>	<i>Active</i>
Fenestration			Radon Control	<input type="checkbox"/>	<input type="checkbox"/>

	<i>Type</i>	<i>Input Rating</i>	<i>AFUE</i>	<i>Manufacturer</i>	<i>Model</i>	<i>Calculated Heat Loss</i>
Heating System						

	<i>Type</i>	<i>Output Rating</i>	<i>SEER</i>	<i>Manufacturer</i>	<i>Model</i>	<i>Cooling Load/Heat Gain</i>
Cooling System						

	<i>Type</i>	<i>Location</i>	<i>Continuous Ventilation</i>	<i>Total Ventilation</i>
Mechanical Ventilation				



Mechanical Permit Application

City of Brainerd

501 Laurel Street ♦ Brainerd, MN 56401 ♦ 218.828.2309 ♦ 218.828.2316 (fax)

www.ci.brainerd.mn.us

SITE ADDRESS		PROJECT VALUATION	DATE	
OWNER'S NAME		OWNER'S PHONE NUMBER	OWNER'S FAX NUMBER	
OWNER'S ADDRESS		CITY	STATE	ZIP
CONTRACTOR'S BUSINESS NAME		CONTRACTOR'S CITY LICENSE NUMBER		
CONTRACTOR'S BUSINESS ADDRESS		CITY	STATE	ZIP
CONTRACTOR'S PHONE NUMBER	CONTRACTOR'S FAX NUMBER	IS THE CONTRACTOR THE APPLICANT? (Check one) YES NO		
OWNER'S EMAIL ADDRESS		CONTRACTOR'S EMAIL ADDRESS		

DESCRIPTION OF WORK (INCLUDE COMBUSTION AIR & MAKE UP AIR NOTES)

Forced Air
 Hot Water
 Ventilation
 Wood burner
 A/C
 Roof-top Unit
 Refrigeration
 Other:

GAS PIPING SIZE	NUMBER OF OPENINGS	PROCESS PIPING SIZE	NUMBER OF OPENINGS
Existing		Proposed	
Existing (2)		Proposed (2)	
Number of Units: _____			
Make: _____	Make: _____	Make: _____	Make: _____
Fuel: _____	Fuel: _____	Fuel: _____	Fuel: _____
Flue Diameter: _____	Flue Diameter: _____	Flue Diameter: _____	Flue Diameter: _____
Input (BTU): _____	Input (BTU): _____	Input (BTU): _____	Input (BTU): _____
CFM: _____	CFM: _____	CFM: _____	CFM: _____
Tons: _____	Tons: _____	Tons: _____	Tons: _____
H.P.: _____	H.P.: _____	H.P.: _____	H.P.: _____
Unit Weight: _____	Unit Weight: _____	Unit Weight: _____	Unit Weight: _____

Certification

Permits are required for Electrical, Building, Heating, Ventilating and Air Conditioning. This permit becomes null and void if the work authorized is not commenced within 180 days of the date of issuance, or if the work is abandoned or suspended for a period of 180 days. All provisions of laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other Federal, State or Local law regulating construction or the performance of construction activities. 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
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OFFICE USE ONLY

DOUBLE FEE <input type="checkbox"/> YES <input type="checkbox"/> NO	PROPERTY ID	PERMIT NUMBER
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Chapter 1322 – Minnesota Residential Energy Code

N1102.6 Alterations and Repairs to Existing Residential Buildings.

N1102.6.1 Reducing air leakage. A combustion air supply must be provided in accordance with Minnesota Rules, chapter 1346, when an alteration includes installation of attic insulation, wall insulation in more than 50 percent of the area of exterior above grade walls, insulation in at least 50 percent of rim joist spaces, cladding replacement covering more than 50 percent of the total area of exterior walls, or replacement of more than 50 percent of the total number of exterior windows and doors combined.

Exceptions:

Combustion air is not required if any of the following apply:

1. The building is equipped with carbon monoxide alarms installed in compliance with Minnesota Statutes, sections 299F.50 and 299F.51;
2. the building contains all direct vent or all electric appliances for space and water heating;
3. a worst case draft test is performed according to the Minnesota Department of Commerce's Minnesota Weatherization Field Guide and documentation is provided that the vented appliances continue to draft within established parameters of the Worst Case Draft Test procedure;
4. a test is performed according to CGSB Standard 51.71 and the depressurization limit does not exceed the maximum amount referenced in Table 3; or
5. the Recommended Procedure for Safety Inspection of Existing Appliance Installation from Appendix D of the 2006 International Fuel Gas Code is performed for each natural draft water or space heating appliance.



Property Owner Waiver

Minnesota State Contractor Licensing Requirements

The purpose of this form is to have property owners acknowledge their responsibilities to the Minnesota State Building Code, to Zoning Ordinances, and to other applicable rules and regulations when they are acting as general contractor on building projects.

I understand that the State of Minnesota requires that all Residential Building Contractors, Remodelers, and Roofers, obtain a state license unless they qualify for a specific exemption from the licensing requirements. By signing this waiver, I attest to the fact that I am building or improving my property by myself. I claim to be exempt from the State License requirements because I am not in the business of building on speculation or for resale, and this is the first residential structure that I have built or improved in the past 24 months.

I 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 Minnesota State Statute 514.01.

Furthermore, I acknowledge that I may be hiring independent contractors to perform certain aspects of the construction or improvement of this property. Some of these contractors may be required to be licensed by the State of Minnesota. I understand that unlicensed residential contracting, remodeling, and/or roofing activity is a misdemeanor under Minnesota State Statute 326.92, subdivision 1, and that I forfeit my rights to reimbursement from the Contractor's Recovery Fund in the event that any contractors that I hire are unlicensed.

I have also been informed and acknowledge that by listing myself as the contractor on this project, I am solely and personally responsible for any violations of the State Building Code and/or City Ordinances in connection with the work performed on the property.

Signature of Property Owner

Date

Project Address

Please return this signed waiver with the Building Permit Application.

To determine whether a particular contractor is required to be licensed, or to check on the licensing status of an individual contractor, please call the Minnesota Department of Labor & Industry, Construction Codes and Licensing Division at (651) 284-5005 or toll-free at 1-800-657-3944.

EPA Renovation, Repair, and Painting Program

The RRP Rule affects contractors, property managers, and others who disturb lead-based paint during renovation. The RRP Rule requires that firms paid to perform renovation, repair, demolition, or painting work in pre-1978 housing and child-occupied facilities have their firm certified by EPA. Additionally, the Minnesota Legislature passed a law that is intended to work in conjunction with Federal lead law(s). Essentially, the law requires local municipal building departments to be part of this Federal mandate by requiring each municipal building department to verify contractor compliance with Federal mandated lead certification requirements at the time of permitting. Local building departments are not responsible for any additional type of enforcement of the law; but simply to verify firm certification compliance.