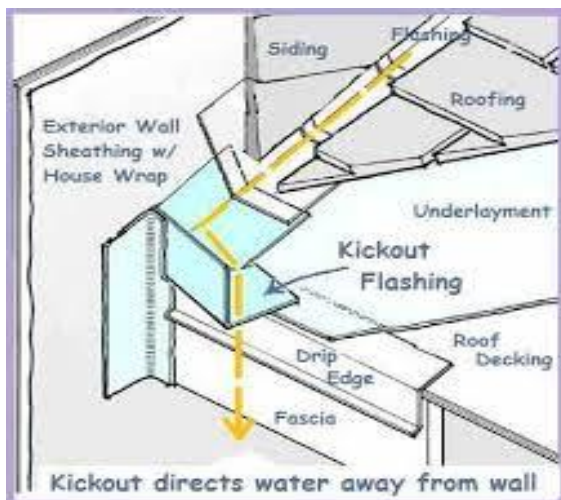


This pamphlet is a compilation of some of the standard requirements based on the State Building Code for projects of this type. This information packet does not contain all of the specific codes and should only be used as a guide. The permittee is responsible to meet all code requirements applicable to each project.

Building Permits are required for residing in the City of Farmington.

***Weather resistant barrier photos are acceptable. There must be photos of all sides showing; appropriate lap and taping of seams, proper flashing of all doors, windows (including drip flashing and flashing tape) and other penetrations. Have pictures available for final inspection. We must be able to identify building in pictures.**

- **Installation of lathe for stucco and masonry or stone veneer requires a lathe inspection**



Kick-out flashing

- Remove all rotten and damaged sheathing, framing and insulation.
- Framing inspection is required for all framing repairs.
- Flashing shall be installed at the head and sides of exterior door and window openings and shall extend to the surface of the exterior wall finish or the water resistive barrier.
- Flashing is required at all horizontal transitions; trim, masonry, decks ledgers...
- Kick-out flashing is required where the lower portion of a sloped roof stops within the plane of an intersecting wall.
- House wrap shall be installed shingle fashion with min. 2" laps on horizontal seams and 6" lap on vertical seams.
- Expanded metal lathe shall be installed over 2 layers of grade D building paper
- Weep screed is required for metal lathe
- All siding products shall be installed according to manufacturer's installation instructions.
- Removal, replacement, or addition of any lights, outlets, or electrical appliances requires an electrical permit.

When work is ready, an inspection must be requested and made prior to concealing, or pictures must be taken and available at **site** for final inspection. Inspection hours are 9:00 AM to 3:15 PM – Weekdays. All inspections require at least 24 hour notice to the Building Department 651-280-6830.

City of Farmington

430 Third Street
 Farmington, MN 55024
 651-280-6830
 651-280-6840



Application For Building Permit

Date _____

Permit No. _____

Site Address	_____
Legal Description	Lot _____ Block _____ Addition _____

Property Owner	Name/Company _____ Phone No. _____
	Address _____
	City _____ State _____ Zip _____
	Email address _____
Contractor	Company _____ Phone No. _____
	Contractor License No.: _____ Expiration Date _____
	Address _____ Phone No: _____
	City _____ State _____ Zip _____
	Email address _____

Description of Project _____ **Est. Value of Project** _____

The undersigned hereby represents upon all of the penalties of the law, for the purpose of including the City of Farmington to the action herein requested, that all statements are true, and that all work herein will be done in accordance with the ordinances of the City of Farmington and the State of Minnesota

Applicants Signature _____ **Date** _____

Bldg Permit Type:	<input type="checkbox"/> - SFD	<input type="checkbox"/> - Public	<input type="checkbox"/> - Porch	<input type="checkbox"/> - Other
	<input type="checkbox"/> - Duplex	<input type="checkbox"/> - Garage	<input type="checkbox"/> - Demo. Res.	
	<input type="checkbox"/> - Res. Multi.	<input type="checkbox"/> - Pool	<input type="checkbox"/> - Demo. Non.Res.	
	<input type="checkbox"/> - Commercial	<input type="checkbox"/> - Move	<input type="checkbox"/> - Interior Finish	
	<input type="checkbox"/> - Industrial	<input type="checkbox"/> - Other Structure	<input type="checkbox"/> - Roof	
	<input type="checkbox"/> - Institutional	<input type="checkbox"/> - Deck	<input type="checkbox"/> - Siding	
Work Type:	<input type="checkbox"/> - New	<input type="checkbox"/> - Addition	<input type="checkbox"/> - Interior. Finish	<input type="checkbox"/> - Reside
	<input type="checkbox"/> - Remodel/Alt.	<input type="checkbox"/> - Repair/Replace	<input type="checkbox"/> - Masonry Veneer	<input type="checkbox"/> - Reroof

This permit shall be null and void if authorized work is not started within 180 days or if work is suspended or abandoned for 180 days or more after work is started.

OFFICE USE ONLY

Office Use Required Inspections	<input type="checkbox"/> - Footing	<input type="checkbox"/> - Sheet Rock	<input type="checkbox"/> - Other
	<input type="checkbox"/> - Foundation	<input type="checkbox"/> - Final	_____
	<input type="checkbox"/> - Framing	<input type="checkbox"/> - Re-Roof	
	<input type="checkbox"/> - Insulation		
Office Use Census Code:	New <input type="checkbox"/> 101 - 1 Fam. Res. <input type="checkbox"/> 102 - 1 Fam. Attached <input type="checkbox"/> 103 - 2 Fam. (Duplex) <input type="checkbox"/> 104 - 3&4 Family <input type="checkbox"/> 105 - 5 or more Family <input type="checkbox"/> 213 - Hotel/Motel	New <input type="checkbox"/> 214 - Other Shelter <input type="checkbox"/> 318 - Amusement/Rec. <input type="checkbox"/> 319 - Place of Worship <input type="checkbox"/> 320 - Industrial <input type="checkbox"/> 321 - Non Res. Garage <input type="checkbox"/> 322 - Service Station <input type="checkbox"/> 323 - Hosp./Institution	New <input type="checkbox"/> 324 - Office/Bank <input type="checkbox"/> 325 - Utilities <input type="checkbox"/> 326 - Schools/Ed. <input type="checkbox"/> 327 - Retail/Rest. <input type="checkbox"/> 328 - Other Nonres. <input type="checkbox"/> 329 - Nonbldg
			<input type="checkbox"/> 434 - Alt./Add/ Res. <input type="checkbox"/> 437 - Alt./Add. Nonres. <input type="checkbox"/> 438 - Alt./Add. Res. Gar. <input type="checkbox"/> 645 - Demo 1-Fam. <input type="checkbox"/> 646 - Demo 2-Fam. <input type="checkbox"/> 647 - Demo 3&4 Fam. <input type="checkbox"/> 648 - Demo 5 or more <input type="checkbox"/> 649 - Demo Other

Description	Cost per Square Foot	Square Feet	Valuation
1 st Floor			
2 nd Floor			
Basement – Finished			
Basement - <i>Unfinished</i>			
Garage			
Deck			
Other			
		TOTAL	

Application Approved By:

City Planner/Zoning

Date _____

Permit Approved:

Building Official/Inspector

Date _____

Grading Plan Approved:

Engineering

Date _____

Fire Code Compliance:

Fire Marshal

Date _____