

Date Building Permit Routed to Metro West:	Building Permit #:



Carver County (Townships Only)
Application for Building, Plumbing or Mechanical Permits

Public Services Division, Land Management Department
600 East 4th Street, Chaska, MN 55318
Phone: (952) 361-1820
Email Address: landmanagement@carvercountymn.gov

Property Information

Parcel ID #	Acres
Site Address	City
Type of Permit	Construction Value \$

Property Owner's Contact Information

NOTICE: Signature of this application by the legal property owner or a licensed contractor as the owner's representative is required and authorizes the Carver County Zoning Administrator or designee and the Carver County Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice. Be prepared to show proof of ownership or licensing.

Name	Signature	Date
Address	City, State, Zip	
Phone	Email	
Homeowner is the Contractor	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Licensed General Contractor Information (Mechanical/Plumbing complete page 2)

Company Name	Signature
License #	Date
Address	City, State, Zip
Phone	Email

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 of the ordinances of Carver County 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 to not proceed with the work.

INITIALS REQUIRED FOR ALL PLAN REVIEWS X

FOR OFFICE USE ONLY	Laketown Township - Any additions or new buildings must be submitted to the township		
	Camden Township - New homes require a permit from the township		
Floodplain <input type="checkbox"/> Yes <input type="checkbox"/> No	Shoreland District <input type="checkbox"/> Yes <input type="checkbox"/> No	Septic Comp Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Feedlot <input type="checkbox"/> Yes <input type="checkbox"/> No	Bluff <input type="checkbox"/> Yes <input type="checkbox"/> No	Septic Comp Date	
1. <input type="checkbox"/> Two sets of structural plans for residential projects and two sets of engineered plans for commercial projects			
2. <input type="checkbox"/> Site plan showing proposed & existing structure locations & setbacks from center of road and all lot lines; location of driveway, well, & primary and alternate drainfield sites Proposed Setbacks: Front 1 _____ Front 2 _____ Side _____ Side _____ Rear _____ OHW _____			
3. <input type="checkbox"/> Percolation tests and soil borings for primary & alternate on-site sewer locations and septic sites roped off.			
4. <input type="checkbox"/> On-site sewer design and permit (installer must sign the application)			
5. <input type="checkbox"/> Energy code compliance certificate			
6. <input type="checkbox"/> Mechanical and plumbing information completed			
7. <input type="checkbox"/> Driveway Access Permit: Township Road -> Township Clerk; County Road -> County Hwy Dept			
8. <input type="checkbox"/> Watershed Permit			
9. <input type="checkbox"/> Grading or soil excavation plan and erosion control plan (including driveway construction)			
10. <input type="checkbox"/> Copy of recorded deed – fee owner must sign application on a Contract for Deed			

Mechanical Contractor Information

Company Name	Signature
License #	Date
Address	City, State, Zip
Phone	Email

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INITIALS REQUIRED FOR ALL PLAN REVIEWS X

Mechanical Project Information

Make	Model	Size (BTU)	
Air Conditioning <input type="checkbox"/> Yes <input type="checkbox"/> No	Make	Model	Size (tons)
Bath Vent #	Range Hood Vent #		
In-Floor Heat <input type="checkbox"/> Yes <input type="checkbox"/> No	Air Exchanger <input type="checkbox"/> Yes <input type="checkbox"/> No		
Fireplaces #	Make/Model	Gas <input type="checkbox"/> Wood <input type="checkbox"/>	
Additional Mechanical Information			

Commercial Project: Total Value of Commercial Mechanical Systems \$

Plumbing Contractor Information

Company Name	Signature
License #	Date
Address	City, State, Zip
Phone	Email

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INITIALS REQUIRED FOR ALL PLAN REVIEWS X

Plumbing Project Information

Licensed Plumber Name	State Plumber's License #
Residential Water Heater Replacement <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Softener Replacement <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Plumbing Information	

Commercial Project: Total Value of Commercial Plumbing Systems \$