



2012 PERMIT APPLICATION FOR RESIDENTIAL ROOFING, SIDING, WINDOW / DOOR REPLACEMENT

City of Robbinsdale
4100 Lakeview Avenue North
Robbinsdale MN 55422
Phone (763) 531-1268 Fax (763) 531-1200

Applications and additional information can be emailed to: permits@ci.robbinsdale.mn.us

DATE: _____

APPLICATION / PERMIT NO (Office Use Only): _____

JOB ADDRESS: _____

OWNER INFORMATION:

NAME: _____

ADDRESS: _____

PHONE: _____

CONTRACTOR INFORMATION: (If property owner is doing the work attach "Property Owner Affidavit")

NAME: _____

ADDRESS: _____

PHONE: _____

STATE LICENSE #: _____

DETAILED DESCRIPTION OF WORK: _____

CONTRACT VALUE OF WORK: _____

1) **WAS THE STRUCTURE BUILT BEFORE 1978?** YES NO

If YES; continue to question 2.....If NO; skip questions 2 and 3

2) **DOES THE PROPOSED INTERIOR WORK DISTURB 6 SQ FT OR MORE?** YES NO N/A

3) **DOES THE PROPOSED EXTERIOR WORK DISTURB 20 SQ FT OR MORE?** YES NO N/A

If you answered YES to one or both of questions 2 or 3, please attach a copy of your lead certification.

Tear-Off & Re-roof (House, only)... \$75 Re-Side...\$50
Tear off & Re-roof (Detached Accessory Bldg, only)...\$50
Tear off & Re-roof (House & Detached Accessory Bldg)...\$75
Window Replacement (Existing Openings, only)...\$50
SEE REVERSE SIDE TO CALCULATE THE TOTAL PERMIT FEE

PERMIT FEE: _____
LICENSE VERIFICATION FEE: _____
STATE SURCHARGE: _____
OTHER FEE(S) (DESCRIBE) _____ : _____
TOTAL PERMIT FEE: _____

Separate permits are required for Plumbing, Mechanical, and/or Electrical. This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if the construction is abandoned for a period of 180 days at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. 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 State or local law regulating construction or the performance of construction.

Signature: _____

Contractor or Property Owner
(if Property Owner, attach "Homeowner Affidavit")

Print Name: _____

CALCULATING THE TOTAL PERMIT FEE;

Combination permits shall be the combination of each required fee.

For example;

- Replacement Windows and Siding shall be a permit fee of \$100 (\$50 for the Replacement Windows *plus* \$50 for the Siding)
- Tear-Off & Re-roof, and Siding shall be a permit fee of \$125 (\$75 for the Tear-Off & Re-Roof *plus* \$50 for the Siding)
- Tear-Off & Re-roof, Siding, and Replacement Windows shall be a permit fee of \$175 (\$75 for the Tear-Off & Re-Roof *plus* \$50 for the Siding *plus* \$50 for the Replacement Windows)

STATE LICENSES ARE VERIFIED WITH EACH PERMIT AND THE LICENSE VERIFICATION FEE IS CHARGED WITH EACH PERMIT.

The State License Verification Fee is \$5.00

Calculating the State Surcharge = Contract Value x .0005

If the calculated amount is less than \$.50 then that amount is rounded up to the minimum State Surcharge.

The minimum State Surcharge is \$.50

In Summary;

Add the Permit Fee + License Verification Fee + “Other Fees” + State Surcharge = Total Permit Fee

Roofing Procedure for New or Torn-Off Roofs (4/12 pitch and greater)

(Consult with the Building Official for roofs that are less than a 4/12 pitch)

- 1) Remove all layer of shingles and ice and water shield
- 2) Repair sheathing to sound condition, if needed,
- 3) Apply eaves flashing (ice and water shield) to 24” up from the inside wall line. This may be either:
 - a) (2) layers of 15 # felt, mopped solid with 4” lap at horizontal seams and 8” lap at vertical seams, or
 - b) an approved manufactured ice and water shield
- 3) The entire roof shall then be covered with 15 # felt lapped 2” at horizontal seams and 4” at vertical seams
- 4) Install shingles on roof

Required Inspections for a “Tear-Off & Re-Roof”;

- 1) Visual Ice and Water Shield Inspection
- 2) Final Inspection

Required Inspections for “Siding”;

- 1) Final Inspection

Required Inspections for “Replacement Windows”;

- 1) Final Inspection; the building inspector will need to enter the home to inspect the installation and verify the U value and infiltration rating of the window glass (windows shall have stickers in place at time of inspection). The inspector will also verify that smoke detectors have been installed on *every level* and in *every bedroom*.

City of Robbinsdale

4100 Lakeview Avenue North

Robbinsdale, Minnesota 55422

Phone: 763-531-1268

Fax: 763-531-1200

HOMEOWNER'S AFFIDAVIT HOMEOWNER-OCCUPANT WORK PERMIT CERTIFICATION

Date _____

I, _____ hereby certify that I am the Homeowner/Occupant
of the single family dwelling located at _____, and will
perform the _____ work myself.

Signature of Owner-Occupant

Telephone Number

APPROVED BY:

Date

Permit Number



2012 CONTAINER PERMIT APPLICATION

(For Container Placement on Private Property)

CITY OF ROBBINSDALE
4100 Lakeview Avenue North
Robbinsdale MN 55422

Phone: 763-531-1268 Fax: 763-531-1200

Email: permits@ci.robbinsdale.mn.us

DATE: _____

APPLICATION / PERMIT NO (Office Use Only): _____

(1) WHAT IS THE PROPERTY ADDRESS WHERE THE CONTAINER WILL BE PLACED?

(2) WILL THIS CONTAINER BE COLLECTING CONSTRUCTION DEBRIS, *ONLY*? Circle one; YES / NO

- If you answered "YES" to question 2, a City license is *not* required in addition to this permit.
- If you answered "NO" to question 2, and this is a container that will be collecting and hauling *mixed rubbish*, a City license *is* required in addition to and prior to the issuance of this permit. A Solid Waste Haulers License application is available on our website at www.robbinsdalemn.com or call 763-531-1268 to obtain an application via email, fax, or US Mail.
- If you answered "NO" to question 2, and this is a portable storage unit, a City license is *not* required in addition to this permit.

(3) BRIEFLY DESCRIBE WHAT WILL BE COLLECTED IN THE CONTAINER; _____

(4) WHAT IS THE PROPOSED LENGTH OF TIME THE CONTAINER WILL BE PLACED ON THE PROPERTY?

_____ / _____ 2012 through _____ / _____ 2012

CONTAINER COMPANY INFORMATION:

Company Name; _____

Address; _____

Phone (w/Area Code); _____

PROPERTY OWNER INFORMATION:

Owner Name; _____

Address; _____

Phone (w/Area Code); _____

APPLICANT INFORMATION:

Applicant Name; _____

Address; _____

Phone (w/Area Code); _____

Permit fees to place a container on private property are set forth in the City of Robbinsdale Appendix B Fee Schedule, Resolution No. 7092;

1st 30 Days = No Charge 2nd 30 Days = \$50

After 60 days = \$100 per 30 Day Increment

EXCEPTIONS TO THE ABOVE PERMIT FEES

New Residential Construction:

\$50 per month for 6 months *on the property*

\$100 per month *after 6 months on the property*

New Commercial Construction:

\$50 per month for 9 months *on the property*

\$100 per month *after 9 months on the property*

➤ **TOTAL PERMIT FEE:** _____

APPLICANT SIGNATURE

We accept MasterCard, Visa, American Express, Discover, cash or checks. If you are faxing or emailing this application and using a charge card for payment, please use the attached "Charge Card Information Form".



2012 CONTAINER PERMIT APPLICATION

(For Container Placement on a City Street or Public Right-Of-Way)

CITY OF ROBBINSDALE
4100 Lakeview Avenue North
Robbinsdale MN 55422

Phone: 763-531-1268 Fax: 763-531-1200

Email: permits@ci.robbinsdale.mn.us

DATE: _____

APPLICATION / PERMIT NO (Office Use Only): _____

(1) WHAT IS THE PROPERTY ADDRESS WHERE THE CONTAINER IS TO BE PLACED?

(2) IS THIS APPLICATION FOR A CONTAINER THAT WILL BE COLLECTING CONSTRUCTION DEBRIS, *ONLY*? Circle one; YES / NO

➤If you answered “YES”, (collecting construction debris only), a City *license* is not required however, prior to issuance of this permit and the placement of the container in the street or public right-of-way, a certificate of liability insurance must be on file with the City. Please refer to the insurance requirements below.

➤If you answered “NO” and this is a portable storage unit, a City *license* is not required however, prior to issuance of this permit and the placement of the container in the street or public right-of-way, a certificate of liability insurance must be on file with the City. Please refer to the insurance requirements below.

INSURANCE REQUIREMENTS; a certificate of public liability insurance in an amount of not less than \$1,000,000 for injuries including accidental death to any one person, subject to the same limit for each occurrence; and property damage insurance in an amount of not less than \$500,000 for each accident and not less than \$1,000,000 aggregate. The certificate must state the City of Robbinsdale as “Certificate Holder” or “Additional Insured” and must be submitted prior to placement of any container upon a city street or public right-of-way.

➤If you answered “NO” to question 2, and this is a container that will be collecting and hauling *mixed rubbish*, a City license is required in addition to and prior to the issuance of this permit. A Solid Waste Haulers License application is available on our website at www.robbinsdalemn.com or call 763-531-1268 to obtain an application via email, fax, or US Mail.

(3) BRIEFLY DESCRIBE WHAT WILL BE COLLECTED IN THE CONTAINER; _____

(4) WHAT IS THE PROPOSED LENGTH OF TIME THE CONTAINER WILL BE PLACED AT THE PROPERTY? _____ / _____ 2012 through _____ / _____ 2012

CONTAINER COMPANY INFORMATION:

Company Name; _____

Address; _____

Phone (w/Area Code); _____

PROPERTY OWNER INFORMATION:

Owner Name; _____

Address; _____

Phone (w/Area Code); _____

APPLICANT INFORMATION:

Applicant Name; _____

Address; _____

Phone (w/Area Code); _____

Permit fees to place a container on a street or public right-of-way are set forth in the City of Robbinsdale Appendix B Fee Schedule, Resolution No. 7092;

Days 1 - 7 = \$50 Days 8 - 14 = \$75
Each 7-day increment after 14 days = \$210

➤**TOTAL PERMIT FEE:** _____

APPLICANT SIGNATURE

We accept MasterCard, Visa, American Express, Discover, cash or checks. If you are faxing or emailing this application and using a charge card for payment, please use the attached “Charge Card Information Form”.

REQUIREMENTS FOR PLACING A CONTAINER ON A CITY STREET OR PUBLIC RIGHT-OF-WAY

- 1) The applicant for this container permit shall provide the following information;
 - a. The address of where the container will be placed,
 - b. A description of what will be collected in the container,
 - c. The length of time for which the container permit is needed,
 - d. The name, address, and phone number of the container company,
 - e. The name, address, and phone number of the property owner where the container will be placed,
 - f. The name, address, and phone number of the applicant, and
 - g. Has provided any and all additional information deemed necessary by the City of Robbinsdale.
- 2) All containers shall be;
 - a. Well-maintained and in good working condition,
 - b. Display the name and telephone number of the container company owner,
 - c. Be properly reflectorized at all times,
 - d. Be suitably supported at each contact point to prevent damage to paved surfaces, and
 - e. Shall be covered when not in use if the material inside is easily airborne, poses a hazard, gives off odors or is otherwise offensive
- 3) The materials collected must be placed inside the container and may not be placed on the public right-of-way or in any place in which such materials interferes with the use of the public right-of-way.
- 4) Containers must be moved off of the street or public right-of-way following 2 or more inches of snow to allow the City to plow.

The City may remove any container placed in a public right-of-way in violation of this section. The owner of the container or the person placing it in the public right-of-way shall pay to the City all costs, fees, penalties, and/or other expenses incurred by the City in removing the container, and the storing of the container and its contents. In addition, the City shall charge daily storage fees in such amount as the City council may from time to time establish by resolution and list in Appendix B. If the container is not claimed within 30 days by its owner or the person responsible for placing it in the public right-of-way, it may be disposed of as abandoned property, but such disposal shall not diminish the responsibility of the owner or the person responsible for placing it in the public right-of-way to pay all amounts due.

CITY OF ROBBINSDALE
CHARGE CARD INFORMATION

(We accept MasterCard, Visa, American Express and Discover)

To make a payment by charge card, please furnish the following information:

Type of Charge Card _____

Charge Account Holder's Name _____

Charge Account Number _____

Charge Card Expiration Date _____

3 Digit Security Code from Back of Charge Card ___ ___ ___

For security purposes and to guard against fraud, we need the following information:

Numerical Address where Charge Card Bill is mailed _____

(For example, if the charge card you are using has a billing address of 4100 Lakeview Ave N Robbinsdale MN 55422 the "numerical address" entered on this line is; 4100)

Zip Code where Charge Card Bill is mailed _____

(For example, if the charge card you are using has a billing address of 4100 Lakeview Ave N Robbinsdale MN 55422 the zip code entered on this line is; 55422)