

City of Robbinsdale



Engineering Department

ROOFING / SIDING / WINDOWS / DOOR PERMIT

4100 Lakeview Ave N Robbinsdale, MN 55422 ♦ Phone 763-531-1268 ♦ Fax 763-531-1200 permits@ci.robbinsdale.mn.us

DATE: _____

PERMIT #: _____

JOB ADDRESS: _____

PROPERTY OWNER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: _____

- If property owner is completing the work, please attach a "Property Owner's Affidavit"

CONTRACTOR NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: _____

STATE LICENSE #: _____

CITY LICENSE #: _____ (if applicable)

CONTRACT VALUE OF WORK: \$ _____ (COST OF MATERIALS/LABOR)

DETAILED DESCRIPTION OF WORK: _____

CONTRACTORS ONLY:

1. WAS THE STRUCTURE BUILT BEFORE 1978? YES NO
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

4. ARE YOU USING A DUMPSTER/CONTAINER? YES NO
- **IF YOU ARE YOU USING A DUMPSTER / CONTAINER, A PERMIT IS REQUIRED REGARDLESS OF THE ITEMS COLLECTED, THE LENGTH OF TIME IT IS NEEDED, AND WHERE THE CONTAINER IS PLACED.**
 - IF YOU ARE USING A TRUCK OR LICENSED TRAILER, A CONTAINER PERMIT IS NOT REQUIRED.

APPLICANT SIGNATURE: _____

PRINT NAME: _____

PHONE NUMBER: _____

TEAR OFF & RE-ROOF:

- _____ House Only \$75
- _____ Detached Garage Only \$50
- _____ House w/ attached or detached Garage \$75

RESIDE:

- _____ House Only \$50
- _____ Detached Garage Only \$50
- _____ House w/ attached or detached Garage \$50

WINDOW or EXTERIOR DOOR REPLACEMENT: \$50

- _____ # of Window(s) to be replace in existing openings.
- _____ # of Exterior Door(s) to be replaced in existing openings.

If the window size is expanded, reduced or a new opening is constructed, please submit a BUILDING PERMIT

PERMIT FEE (MINIMUM \$50): \$ _____

STATE LICENSE VERIFICATION FEE: \$ _____

STATE SURCHARGE (MINIMUM \$.50): \$ _____

OTHER FEE(S): \$ _____

TOTAL PERMIT FEE: \$ _____



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 Licensed Contractors: 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.

Property Owners: Property owners doing their own work must fill out a Property Owner's Affidavit and submit it with the application. Property owners doing their own work must include labor costs in the "Contract Value of Work". If unsure of what that amount might be, sometimes taking the cost of the materials and doubling that amount can result, in most situations, a "Contract Value of Work". The Building Official may adjust a "Contract Value of Work" if it is too low or too high based on the work being proposed.

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 (if applicable) + Other Fees (if applicable) + 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 layers 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) Photos of Ice & Water Shield and Flashings must be of good quality and available at the jobsite for the final inspection, or a visual inspection of the ice & water shield and flashings is required.
- 2) Final Inspection.

Required Inspections for "Siding":

- 1) Photos of House Wrap must be of good quality and available at the jobsite for the final inspection or a visual inspection of House wrap is required.
- 2) 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*.

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DATE: _____

PERMIT #: _____

PROPERTY ADDRESS WHERE CONTAINER IS: _____

BRIEFLY DESCRIBE WHAT WILL BE COLLECTED IN THE CONTAINER: _____

DATES CONTAINER WILL BE PLACED AT PROPERTY: _____ / _____ / _____ to _____ / _____ / _____

ALL FOLLOWING INFORMATION IS REQUIRED - PLEASE PRINT CLEARLY

<p>CONTAINER COMPANY INFORMATION: COMPANY NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE: _____</p>	<p>PROPERTY OWNER INFORMATION: OWNER NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE: _____</p>
<p>APPLICANT OR CONTRACTOR INFORMATION: APPLICANT NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE: _____</p>	<p>Permit fees to place a container on private property, on a street or public right-of-way, are set forth in the City of Robbinsdale Appendix B Fee Schedule, Resolution No. 7092.</p>

INSURANCE REQUIREMENTS: A certificate of public liability insurance in an amount not less than \$1,500,000 for injuries, including accidental death to any one person, subject to the same limit for each occurrence; and property damage insurance in an amount 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.

MARK WHERE CONTAINER WILL BE PLACED

<p>PLACED ON PRIVATE PROPERTY <input type="radio"/></p>	<p>PLACED IN THE STREET (RIGHT-OF-WAY) <input type="radio"/></p>
<p>FEEES FOR CONTAINER ON PRIVATE PROPERTY</p>	<p>FEEES FOR CONTAINER IN RIGHT-OF -WAY</p>
<p>1 – 30 days = No Charge 31 – 60 days = \$50 After 60 days = \$100 per 30 day increment Container must be off property for more than 30 days for fees to start over.</p> <p>* Exceptions to the above Permit Fee's*</p> <p><u>New Residential Construction:</u> \$50 per month for 6 months <i>on the property</i> \$100 per month <i>after 6 months on the property</i></p> <p><u>New Commercial Construction:</u> \$50 per month for 9 months <i>on the property</i> \$100 per month <i>after 9 months on the property</i></p>	<p>1 – 7 days = \$50 8 – 14 days \$75 plus initial \$50 = \$125 total Each 7 day increment after 14 days is an additional \$210 Container must be off street for more than 7 days for fees to start over.</p> <p>* There are no exceptions for containers on the street*</p> <p>Containers are not allowed on streets that are designated as NO PARKING ZONES.</p> <p>Containers must be removed from the street after 2 or more inches of snowfall.</p>
<p>TOTAL PERMIT FEE: \$ _____</p>	<p>TOTAL PERMIT FEE: \$ _____</p>

Applicant Signature: _____

Date: _____



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 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 visible at all times with proper reflection,
 - 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
 - f. Permit Card should be posted on container facing the street.
- 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 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.



**PROPERTY OWNER'S AFFIDAVIT
WORK PERMIT CERTIFICATION**

DATE: _____

I, _____ HEREBY CERTIFY THAT I AM THE PROPERTY OWNER OF
(ADDRESS) _____, AND WILL PERFORM THE
_____ WORK MYSELF.

PROPERTY OWNER SIGNATURE

PHONE #



CREDIT CARD INFORMATION

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

***NOTE:** The City of Robbinsdale does *not* charge an additional fee when using a credit card*

To make a payment by credit card, please provide the following information:

VISA MASTER CARD AMERICAN EXPRESS DISCOVER

NAME OF CARD HOLDER: _____

CREDIT CARD ACCOUNT NUMBER: _____

CREDIT CARD EXPIRATION DATE: ____/____

3 or 4 DIGIT SECURITY CODE FROM BACK (or front) OF CARD ____

BILLING ZIP CODE: _____

(For example, if the credit 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)