



# Carver County

## Application for Building, Plumbing or Mechanical Permits

Phone (952) 361-1820 Fax (952) 361-1828  
**Email Address: landmanagement@co.carver.mn.us**  
 Public Services Division, Land Management Department  
 600 East 4th Street, Chaska, MN 55318

Parcel ID # Acres Year Built

LAKETOWN TOWNSHIP - Any additions or new buildings must be submitted to the township  
 CAMDEN TOWNSHIP - New homes require a permit from the township

Site Address City

Type of Permit Constr. Value \$

**FOR OFFICE USE ONLY**

FP  Yes  No SD  Yes  No Septic Compliance Req'd  
 Feedlot  Yes  No Bluff  Yes  No

**THE FOLLOWING INFORMATION MUST BE SUBMITTED WITH ALL BUILDING PERMIT APPLICATIONS UNLESS OTHERWISE ADVISED:**  
 Req'd Submitted

1.   Two sets of structural plans for residential projects; three sets of engineered plans for commercial projects
2.   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.   Percolation tests and soil borings for primary & alternate on-site sewer locations & septic sites roped off
4.   On-site sewer design and permit (installer must sign the application)
5.   Energy code compliance certificate
6.   Mechanical & plumbing information completed
7.   Driveway Access permit: Township Road -> Township Clerk; County Road -> County Hwy. Dept. (County must approve)
8.   Watershed permit
9.   Grading or soil excavation plan (including driveway construction)
10.   Erosion control plan
11.   Copy of recorded deed - fee owner must sign the application on a Contract for Deed

Prior to the issuance of a new home building permit, a pre-construction site inspection will be conducted. The new home packet shows items that will be looked at during this inspection.

**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.

**OWNER'S CURRENT MAILING INFORMATION** (if parcel is on a contract for deed, fee owner must sign application)

Name Signature \_\_\_\_\_  
 Address Home Phone \_\_\_\_\_  
 City, State, Zip Work Phone \_\_\_\_\_  
 E-mail/Fax No. Date \_\_\_\_\_

Homeowner is the Contractor:  Yes  No

**LICENSED GENERAL CONTRACTOR INFORMATION (Mechanical/Plumbing complete page 2)**

Company Name Signature \_\_\_\_\_  
 Address Home Phone \_\_\_\_\_  
 City, State, Zip Work Phone \_\_\_\_\_  
 E-mail/Fax No. License # \_\_\_\_\_

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 \_\_\_\_\_

**THE FOLLOWING INFORMATION MUST BE FURNISHED FOR ANY MECHANICAL PERMITS (HEATING, AIR CONDITIONING, OR FIREPLACE WORK)**

*HEATING SYSTEM*

Make \_\_\_\_\_ Model \_\_\_\_\_ Size (BTU) \_\_\_\_\_  
Fuel \_\_\_\_\_ Supply Openings (sq. in.) \_\_\_\_\_ Return Openings (sq. in.) \_\_\_\_\_  
Flue Diameter \_\_\_\_\_ Input (BTU) \_\_\_\_\_ Output (BTU) \_\_\_\_\_  
Air Conditioning  Yes  No Make \_\_\_\_\_ Model \_\_\_\_\_ Size (tons) \_\_\_\_\_  
Bath Vent # \_\_\_\_\_ Range Hood Vent # \_\_\_\_\_ In-Floor Heat  Yes  No Air Exchanger  Yes  No  
Wood Stove  Yes  No Make \_\_\_\_\_ Model \_\_\_\_\_  
# of Fireplaces \_\_\_\_\_ Make/Model \_\_\_\_\_  Gas  Wood

Additional Mechanical Information

**COMMERCIAL PROJECT: TOTAL VALUE OF COMMERCIAL MECHANICAL SYSTEMS**

**MECHANICAL CONTRACTOR INFORMATION**

Company Name _____	Signature _____
Address _____	Home Phone _____
City, State, Zip _____	Work Phone _____
E-mail/Fax No. _____	Bond # _____

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*PLUMBING SYSTEM*

Licensed Plumber Name \_\_\_\_\_ State Plumbers License # \_\_\_\_\_  
Residential Water Heater Replacement  Yes  No

Additional Plumbing Information

**COMMERCIAL PROJECT: TOTAL VALUE OF COMMERCIAL PLUMBING SYSTEMS**

**PLUMBING CONTRACTOR INFORMATION**

Company Name _____	Signature _____
Address _____	Home Phone _____
City, State, Zip _____	Work Phone _____
E-mail/Fax No. _____	Bond # _____

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