



Siding Permit Application

City of Brainerd

501 Laurel Street ♦ Brainerd, MN 56401 ♦ 218.828.2309 ♦ 218.828.2316 (fax)

www.ci.brainerd.mn.us

SITE ADDRESS			PROJECT VALUATION			
OWNER'S NAME			CONTRACTOR'S NAME			
OWNER'S ADDRESS			CONTRACTOR'S BUSINESS NAME			
CITY	STATE	ZIP	CONTRACTOR'S BUSINESS ADDRESS			
OWNER'S PHONE NUMBER	OWNER'S EMAIL		CITY	STATE	ZIP	
CONTRACTORS MUST HAVE A STATE RESIDENTIAL BUILDING OR REMODELER'S LICENSE FOR WORK ON RESIDENTIAL BUILDINGS OR A CITY CONTRACTOR'S LICENSE FOR COMMERCIAL FINISH WORK.	STATE LICENSE NO.		BUSINESS PHONE		BUSINESS FAX	
	CITY LICENSE NO.		CONTRACTOR'S EMAIL ADDRESS			
Type of Structure <input type="checkbox"/> Single Family Residential <input type="checkbox"/> Two Family Residential (1) <input type="checkbox"/> Three or Four Family Residential <input type="checkbox"/> Five+ Family Residential <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Commercial Structure <input type="checkbox"/> Other _____ (1 or 2) See Required Alternate Material Information. Required: one application per individual structure.		Type of Installation *** <input type="checkbox"/> New Installation <input type="checkbox"/> Re-siding <input type="checkbox"/> Soffit / Eave Check one of the following if re-siding: <input type="checkbox"/> Removing existing siding <input type="checkbox"/> Installation over the existing siding** Provide sketch for partial installations on reverse side.		LEAD RENOVATOR CERTIFICATION NO. _____ Type of Flashing ** <input type="checkbox"/> Metal <input type="checkbox"/> Existing <input type="checkbox"/> New <input type="checkbox"/> Other (describe) _____ _____ Provide sketch of flashing on reverse side.	DATE OF STRUCTURE (year built) _____ Type of Water Resistive Barrier <input type="checkbox"/> No. 15 Felt <input type="checkbox"/> Housewrap* Brand: _____ _____ <input type="checkbox"/> None <input type="checkbox"/> Other	
Type of Exterior Finish / Siding → % of Coverage <input type="checkbox"/> Vinyl _____ <input type="checkbox"/> Cement Board _____ <input type="checkbox"/> Metal _____ Provide a profile of the steel and type of finish and fasteners for metal siding. <input type="checkbox"/> Stucco _____ <input type="checkbox"/> Cultured Stone _____ <input type="checkbox"/> Natural Stone _____ <input type="checkbox"/> Brick _____ <input type="checkbox"/> Other: _____		Required Alternate Material (1) - Residential duplexes, townhomes and commercial structures shall meet a minimum of 25% of the combined area of facades in brick, stucco, natural stone or artificial stone. Except for brick and/or stone, no single façade shall have more than 75% of one type of exterior material.		* Provide manufacturer's installation instruction at application or on site at the time of inspection. ** R703.8 Flashing. Approved corrosion-resistant flashing shall be applied shingle-fashion to prevent entry of water into the wall cavity or penetration of water to the building structural framing components. The flashing shall extend to the surface of the exterior wall finish. R903.2.1.1 Kick-out flashing/diverter. A kick-out flashing shall be installed where the lower portion of a sloped roof steps within the plane of an intersecting wall cladding, in such a manner as to divert or kick out water away from the assembly. ADDRESSING: City Code 400.11 - Address numbers shall be placed so to be directly and conveniently visible from public access to the structure. Must be at least four inches in height on 1 and 2-family dwellings, 6" commercial, and made of durable material and of contrasting color to the base where attached. The <i>Building Inspector may require numerals exceeding four inches.</i>		
Certification Permits are required for Electrical, Building, Heating, Ventilating and Air Conditioning. This permit becomes null and void if the work authorized is not commenced within 180 days of the date of issuance, or if the work is abandoned or suspended for a period of 180 days. 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 Federal, State or Local law regulating construction or the performance of construction activities. This permit may be revoked at any time for due cause.						
I hereby certify that I have read and examined this application and know the same to be true and correct.						
APPLICANT'S SIGNATURE			DATE			



Property Owner Waiver

Minnesota State Contractor Licensing Requirements

The purpose of this form is to have property owners acknowledge their responsibilities to the Minnesota State Building Code, to Zoning Ordinances, and to other applicable rules and regulations when they are acting as general contractor on building projects.

I understand that the State of Minnesota requires that all Residential Building Contractors, Remodelers, and Roofers, obtain a state license unless they qualify for a specific exemption from the licensing requirements. By signing this waiver, I attest to the fact that I am building or improving my property by myself. I claim to be exempt from the State License requirements because I am not in the business of building on speculation or for resale, and this is the first residential structure that I have built or improved in the past 24 months.

I acknowledge that because I do not have a State License, I forfeit any mechanic's lien rights to which I may otherwise have been entitled under Minnesota State Statute 514.01.

Furthermore, I acknowledge that I may be hiring independent contractors to perform certain aspects of the construction or improvement of this property. Some of these contractors may be required to be licensed by the State of Minnesota. I understand that unlicensed residential contracting, remodeling, and/or roofing activity is a misdemeanor under Minnesota State Statute 326.92, subdivision 1, and that I forfeit my rights to reimbursement from the Contractor's Recovery Fund in the event that any contractors that I hire are unlicensed.

I have also been informed and acknowledge that by listing myself as the contractor on this project, I am solely and personally responsible for any violations of the State Building Code and/or City Ordinances in connection with the work performed on the property.

Signature of Property Owner

Date

Project Address

Please return this signed waiver with the Building Permit Application.

To determine whether a particular contractor is required to be licensed, or to check on the licensing status of an individual contractor, please call the Minnesota Department of Labor & Industry, Construction Codes and Licensing Division at (651) 284-5005 or toll-free at 1-800-657-3944.

EPA Renovation, Repair, and Painting Program

The RRP Rule affects contractors, property managers, and others who disturb lead-based paint during renovation. The RRP Rule requires that firms paid to perform renovation, repair, demolition, or painting work in pre-1978 housing and child-occupied facilities have their firm certified by EPA. Additionally, the Minnesota Legislature passed a law that is intended to work in conjunction with Federal lead law(s). Essentially, the law requires local municipal building departments to be part of this Federal mandate by requiring each municipal building department to verify contractor compliance with Federal mandated lead certification requirements at the time of permitting. Local building departments are not responsible for any additional type of enforcement of the law; but simply to verify firm certification compliance.