



White Bear Area Department of Inspections
 4701 Highway 61, White Bear Lake, MN 55110
 Phone: 651-429-8518 / Fax: 651-429-8503

**Mahtomedi
 Roofing, Siding,
 Windows & Doors**

Email Permits or Questions: buildingdepartment@whitebearlake.org

Mahtomedi Site Information

	Date:
Site Address:	Suite/Unit #:
	Property ID#:

Property Owner

Name:	Phone:
Address:	City:
Email:	State: Zip:

Contractor

Name/Company:	Phone:
Contact:	License #:
Address:	City:
Email:	State: Zip:

New Fee Information:

Roofing, siding, windows & doors are now flat fees and include the \$1.00 state surcharge (see below).

<input type="checkbox"/> Roofing	Residential \$161 / Commercial \$301 / Repair \$81
<input type="checkbox"/> Residential	<input type="checkbox"/> Replace Existing Roof
<input type="checkbox"/> Commercial	<input type="checkbox"/> Repair Existing Roof
	<input type="checkbox"/> Shingles <input type="checkbox"/> Metal
	<input type="checkbox"/> Flat <input type="checkbox"/> Other:

<input type="checkbox"/> Siding	<input type="checkbox"/> Soffit	<input type="checkbox"/> Fascia	Residential \$161 / Commercial \$301 / Repair \$81
			<i>(Soffit & Fascia <u>Only</u> Residential \$61 / Commercial \$121 / Repair \$31)</i>
<input type="checkbox"/> Residential	<input type="checkbox"/> Replace Existing Siding/Soffit/Fascia	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Composite
<input type="checkbox"/> Commercial	<input type="checkbox"/> Repair Existing Siding/Soffit/Fascia	<input type="checkbox"/> Wood	<input type="checkbox"/> Steel / Aluminum

<input type="checkbox"/> Windows	Windows: 1 Window = \$66 / 2 or more = \$121	Egress: 1 Window = \$81 / 2 or more = \$111
<input type="checkbox"/> Residential	<input type="checkbox"/> Window(s) in New Opening(s)	How Many New Windows: _____
<input type="checkbox"/> Commercial	<input type="checkbox"/> Replace Existing Window(s)	How Many Replacements: _____
	<input type="checkbox"/> Egress Window(s)	How Many Egress Windows: _____

<input type="checkbox"/> Exterior Doors	1 Door = 81 / 2 or more = \$111
<input type="checkbox"/> Residential	<input type="checkbox"/> Door(s) in New Opening (s)
<input type="checkbox"/> Commercial	<input type="checkbox"/> Replace Existing Door(s)
	How Many New Doors: _____
	How Many Replacements: _____

Misc Notes: _____

LEAD CERTIFICATION: If you are working on a structure built prior to 1978, at least one option below must apply:

- I have current lead certification – enter below. If you **DO NOT** have lead certification, please continue:
- The applicant is the Homeowner performing their own work.
- The structure is not residential housing
- The renovation will not disrupt 6 square feet or more of painted surface per room for interior activities, or 20 Sq. Ft or more of painted surface for exterior activities, and does not involve windows
- A written determination has been made by a lead certified person that the components affected by the renovation are free of paint or other surface coatings that contain lead equal to, or in excess of the federal standard
- Other (specify reason and applicable code section):

Lead Cert #

A building permit applicant shall be deemed the contractor and shall possess a State Contractor License or a City license as required by State Statute and/or City Ordinance. However, if the applicant owns a single family home upon which the work is being done, the applicant may obtain a permit for construction. Any participant other than the homeowner/ applicant shall be listed on the permit application below and the participant shall possess a valid license required before a permit may be issued. The permit shall not be issued until all contractors listed on the permit application have a valid license as required by State Statute and/or the City.

This permit shall be null and void if authorized work is not started within 180 days or if work is suspended or abandoned for 180 days or more after work is started. The undersigned hereby represents upon all of the penalties of the law, for the purpose of including the City of Mahtomedi to take the action herein request, that all statements are true, and that all work herein will be done in accordance with the ordinances of the City of Mahtomedi and the State of Minnesota.

Applicant Signature

Date

**Project Valuation-Required
*fee is not based on valuation***

Sub-Contractors Hired By Applicant:

Contractor Type:	Contractor Name:	Telephone Number:	Contractor License # <i>or</i> Single Trade Only:

OFFICE USE ONLY:

Permit Approved By:

Date

Comments: