



CITY OF EDINA

4801 50th Street West, Edina, MN 55424-1394

Building Inspections Department

(952) 826-0372 FAX (952) 826-0389 TDD (952) 826-0379

www.ci.edina.mn.us

PERMIT NUMBER

HERITAGE LANDMARK
CASE NUMBER

for office use only

Pool Permit Application

PRINT OR TYPE APPLICATION

Site Information

Address _____ Suite/Unit number _____

Lot _____ Block _____ Subdivision _____

Tenant/Building name _____

Is a variance required? Yes No If yes, provide Planning Department case number _____

Work Description

Proposed starting date _____ Completion date _____

1 New 2 Addition 3 Alteration 3 Remodel 4 Repair 4 Replace

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Single Family Detached | <input type="checkbox"/> 3&4 Family Residential | <input type="checkbox"/> Recreation/Amusement | <input type="checkbox"/> Private School |
| <input type="checkbox"/> Single Family Attached | <input type="checkbox"/> 5 & More Residential | <input checked="" type="checkbox"/> Grade/Fill/Excavate Only | <input type="checkbox"/> Church/Religious Bldg |
| <input type="checkbox"/> Residential Garage/Addn | <input type="checkbox"/> Office/Warehouse | <input type="checkbox"/> Demolition Single Family | <input type="checkbox"/> Hospital/Institutional Bldg |
| <input type="checkbox"/> Residential Addition/Porch | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Demolition 2 Family | <input type="checkbox"/> Antenna/Tower/Dish/Etc. |
| <input type="checkbox"/> Residential Deck/Shed | <input type="checkbox"/> Office/Bank/Professional | <input type="checkbox"/> Demolition 3&4 Family | <input type="checkbox"/> Other Nonresidential Bldg |
| <input type="checkbox"/> Reroof | <input type="checkbox"/> Retail Store | <input type="checkbox"/> Demolition 5&More Family | <input type="checkbox"/> Pools |
| <input type="checkbox"/> Interior Remodel | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Other Demolition | <input type="checkbox"/> City Owned |
| <input type="checkbox"/> Basement Finish | <input type="checkbox"/> Parking Garage/Ramp | <input type="checkbox"/> Industrial Building | <input type="checkbox"/> Heritage Landmark District |
| <input type="checkbox"/> 2 Family Residential | <input type="checkbox"/> Service Station/Repair Garage | <input type="checkbox"/> Public School | <input type="checkbox"/> Retaining Wall |

Job Description _____

Construction I-A I-B II-A II-B III-A III-B IV-HT V-A V-B Fire Sprinklered Yes No

Energy Code Compliance: option (a) option (b) - submit Energy Code Worksheet with this application

Valuation

Applicant is

Owner Contractor Designer

Contractor Information

Company name _____ MN Contractors License # _____

Address _____ City _____ State _____ Zip _____

Contact person name _____

Phone _____ Cell _____ EMail _____ Fax _____

Designer Information

Company name _____ Architect Engineer Designer

Address _____ City _____ State _____ Zip _____

Contact person name _____ MN License/Registration # _____

Phone _____ Cell _____ Email _____ Fax _____

COMPLETE APPLICATION ON REVERSE SIDE

Owner Information

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Cell _____ Email _____ Fax _____

Applicant Signature

I hereby apply for a permit and attest to the following:

All information on this application is complete and accurate.

All work will comply with Edina City Code and Minnesota State Building Code.

I understand this is an application only, not a permit. Work will not start without an approved permit.

All work will be done according to plans approved by the City of Edina when approved plans are required.

Erosion and sediment control, when applicable, will be installed before starting work.

Existing grades and drainage will not be altered without approved grading/drainage plans and schedule.

Applicant's signature _____ Date _____

Applicant's printed or typed name _____

Owner/Applicant Statement - To be completed only when the homeowner is the permit applicant

I understand the State of Minnesota requires residential contractors, residential remodelers and residential roofers be licensed to work in the State unless they qualify for a specific exemption from the licensing requirements. By signing this statement, I certify that I am building or improving this dwelling myself. I claim to be exempt from state licensing requirements because I am not in the business of building on speculation or for resale. I certify I have not built or improved any other residential structures in the State within the past twenty-four months. I also 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 MS 514.01.

I further acknowledge I may be hiring independent contractors to perform certain aspects of the improvements on this dwelling, and I understand some of these contractors may be required to be licensed by the State. I understand unlicensed residential contracting, residential remodeling and residential roofing activity is a misdemeanor under Minnesota law, and I forfeit my rights to reimbursement from the Contractors Recovery Fund in the event any contractors I hire are unlicensed.

Homeowner's signature _____ Date _____

Homeowner's typed or printed name _____

Contact the Minnesota Department of Commerce, Enforcement Division to determine if a contractor is licensed or exempt or to check on contractor status. Metro 651-296-6319, Outstate: 1-800-657-3978 or www.state.mn.us and follow links to [License Lookup](#)

Approvals

for office use only

Building Inspections Dept
 By _____ Date _____

Engineering Dept
 By _____ Date _____

Planning Dept/Heritage Preservation Board
 By _____ / _____ Date _____ / _____

Health Dept
 By _____ Date _____

Fire Dept
 By _____ Date _____

Assessing Dept
 By _____ Date _____

Fees

for office use only

Permit fee Yes No _____

Plan review fee Yes No _____

State surcharge Yes No _____

Contractor license fee Yes No _____

Investigation fee Yes No _____

SAC fee Yes No _____ # of units _____

Sewer assessment Yes No _____

Water assessment Yes No _____

Sewer REC Yes No _____ # of units _____

Water REC Yes No _____ # of units _____

TOTAL _____