

Date Received: _____

PERMIT NO: _____

**APPLICATION FOR BUILDING PERMIT
RE-ROOF/SHINGLING
CITY OF KASSON, MINNESOTA**

Applicant: _____

Phone No.: _____

Address: _____

Contractor: _____

Phone No: _____

State License No: _____

Building Site Location/New Address: _____

Please Circle One: House & Garage House Only Garage Only Other: _____

**THE ATTACHED ITEMS ARE CONDITIONS
FOR PERMIT ISSUANCE FOR RESHINGLING.**

STRICT COMPLIANCE IS MANDATORY.

Call CMS for information and inspections at 507-282-8206

Jay Kruger
CMS Building Official

I hereby declare that I am the Owner, or authorized agent of the owner of the above described property and I agree to construct the building or use herein described in accordance with the regulations and ordinances that govern said improvement within the City of Kasson and that the foregoing information contained on this permit is a true and correct statement of my intentions. Refund and Cancellation Policy: Upon request of cancellation of building permits, charges or refunds will be based on expenses for office time, inspections, and zoning fees that were completed prior to the cancellation notice.

Date: _____

Signed by Applicant: _____

Please Print Name: _____

=====

APPROVED BY: _____ DATE: _____

Total Amount Due: \$100.00

BUILDING PERMIT APPLICANT: PROPERTY OWNER

I, _____ (print name) 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. This license requirement applies to owners of residential real estate who build or improve such property for purposes of speculation or resale.

By signing this document, I attest to the fact that I am improving this house for my own use and am not building or improving this house for the purpose of reselling it. I hereby claim to be exempt from the state licensing requirements because I am not in the business of building or remodeling on speculation or for resale and that the house for which I am applying for this permit, located at _____ is the first residential structure I have built or improved in the past 24 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 Minn. Stat. §514.01.

Furthermore, I acknowledge that I may be hiring independent contractors to perform certain aspects of the construction or improvement of this house and I understand that 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 Minn. Stat. §326B.082, subd.16 and can also result in a fine of up to \$10,000. I further state that I understand that the filing of a false statement with the City of Kasson may also result in criminal prosecution and/or civil penalties pursuant to applicable city/township ordinances and/or state statutes.

I have also been informed and acknowledge that by listing myself as the contractor for this project, I alone will be responsible to the City of Kasson for compliance with all applicable building codes and city/township ordinances in connection with the work being performed on this property.

Name (signature)

Date

For questions or information on contractor licensing, or to check the licensing status and enforcement history of a particular contractor, call the Minnesota Department of Labor and Industry, Construction Codes and Licensing Division, at (651) 284-5069. The Web site is: www.doli.state.mn.us/contractor



1700 North Broadway • Suite 128
Rochester, MN 55906
507-282-8206 • FAX 281-0391

THE FOLLOWING ITEMS ARE CONDITIONS FOR PERMIT ISSUANCE FOR REROOFING

STRICT COMPLIANCE IS MANDATORY

1. Only two (2) layers of roof covering are permitted. R907.3
2. Ice barrier is required under first layer. R907.3
3. Provide ice dam protection on all roof edges. Protection shall extend from the eave's edge to a point at least 24" inside the exterior wall line. R905.2.7.1 Exception: Detached accessory structures that contain no conditioned floor area.
4. Attic ventilation (house) to be provided that equals one (1) square foot of ventilation for each 150 square feet of attic space. 1/300 is allowed if half of the ventilation opening is in the top 1/2 of the roof. R806.1-R806.3
5. Sidewall Flashing: Flashing against a vertical sidewall shall be by the step-flashing method. R905.2.8.4
6. Existing buildings and structures: Kick-out flashings shall be required in accordance with Section R903.2.1 when simultaneously re-siding and reroofing existing buildings and structures. R903.2.1.1
7. Asphalt shingles shall be fastened to solidly sheathed decks, or one inch (1") thick nominal wood boards. R905.2.1
8. This structure must comply with all portions of the Minnesota State Building Code whether noted on this plan or omitted. Failure to note any detail(s) on the plan does not remove the builder from the responsibility of complying with the Building Code.

Jay Kruger
Building Official

CALL CMS FOR FINAL INSPECTION

KASSON RE-INSPECTION FEES

The intent is to re-coop costs incurred for unnecessary re-inspections.

The contractor or owner will be given one (1) verbal warning. After the warning is issued, they will be put on a re-inspection list. Once on the list, each additional "did not pass" inspection will require a fee of \$60.00 to be paid to the City of Kasson prior to scheduling a re-inspection.

When an inspection does not pass but can be re-inspected at the next required inspection, a re-inspection fee will not be required. Should the correction not be completed and an additional trip is required, a re-inspection fee would be required.

The inspector in the field will inform the office when an inspection did not pass. If it is determined a fee is due, the inspector will inform the contractor/owner. CMS will inform the City via fax when a re-inspection fee is due. When the fee is paid, the City will call CMS. CMS will then be allowed to re-schedule.

Exempt situation: When a final grade cannot be completed due to winter weather. A temporary Certificate of Occupancy will be issued. When CMS is notified the correction is complete, we would schedule when in Kasson to final out the project.

PERMIT AND INSPECTION RECORD

Site Address _____ Nature of Work _____
 Use of Building _____ Permit No. _____
 Contractor _____ Owner _____
 Contractor License No. _____ Date Issued _____

FOOTING	INSPECTOR	DATE
ROUGH-INS	INSPECTOR	DATE
Plumbing - Below Ground		
In-floor/U.G. Heat		
Plumbing - Above Ground		
Electrical		
Heating		
Ventilation		
Framing		
Insulation (installation)		
Fireplace (installation)		
FINALS	INSPECTOR	DATE
Plumbing		
Gas Line		
Heating/Ventilation		
Electrical		
Building		

**CALL FOR ALL INSPECTIONS
 CONSTRUCTION MANAGEMENT SERVICES
 (507) 282-8206**