

EUREKA TOWNSHIP

BUILDING PERMIT APPLICATION

Eureka Township / 25043 Cedar Avenue, Farmington MN 55024
Office: (952) 469-3736 / Fax (952) 469-5525

SITE INFORMATION Eureka Township		PIN#		Permit#
Site Address:		City		Zip
PROPERTY OWNER INFORMATION				
Name		Email		Phone
Address		City	State	Zip
APPLICANT/CONTRACTOR INFORMATION				
Applicant Name			License Number	
Contact Person		Email		
Address		City	State	Zip
Cell Phone		Day Time Phone		Fax
TOWNSHIP / LOCAL GOVERNMENT				
Permit complies with the Wetland Conservation Act subject to the following conditions:				
<input type="checkbox"/> Dakota County Shoreland/ Letter or Permit		<input type="checkbox"/> Vermillion River Watershed/ Letter or Permit		Date
PLEASE INDICATE PROJECT TYPE			PROVIDE THE FOLLOWING FOR NEW HOME AND AS NEEDED	
<input checked="" type="checkbox"/> Residential or <input type="checkbox"/> Commercial / Industrial			<input checked="" type="checkbox"/> Signature from Township on Building Permit Application	
<input checked="" type="checkbox"/> New Home Construction	<input type="checkbox"/> Private Dog Kennel		<input checked="" type="checkbox"/> Building Plans (Cross Section, Elevations, Floor Plan) – 2 copies	
<input type="checkbox"/> Deck	<input type="checkbox"/> Public Utility Structure		<input checked="" type="checkbox"/> Heat Loss, Combustion Air & Make-up Air Calculations– 2 copies	
<input type="checkbox"/> Accessory Bldg/Pole Shed	<input type="checkbox"/> Signs*		<input checked="" type="checkbox"/> Energy Certificate – 2 copies	
<input type="checkbox"/> Remodel	<input type="checkbox"/> Govt Bldg/Facility*		<input checked="" type="checkbox"/> Driveway Permit (Required for access to State, County, Twp. Roads)	
<input type="checkbox"/> Demolition	<input type="checkbox"/> Church/Religious Bldg*		<input checked="" type="checkbox"/> Survey / Detailed Site Plans – 2 copies	
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Solar Energy*		<input checked="" type="checkbox"/> Erosion and Sediment Control Plans	
<input type="checkbox"/> Moving a Building	<input type="checkbox"/> Communication Tower*		<input checked="" type="checkbox"/> Complete Septic Design	
<input type="checkbox"/> Aircraft Hangar	* CUP also required		<input checked="" type="checkbox"/> New Home Checklist	
<input type="checkbox"/> Other:				
Estimated Cost of Labor & Materials:				
Project Description:				

Applicant hereby agrees that, upon issuance of this permit, all work shall be done and all materials used shall be in compliance with all applicable township, city and county ordinances. The applicant agrees to abide by all zoning regulations and to utilize this structure for its permitted use. Signature of this application by the legal property owner or owner's representative is required and authorizes the Township Zoning Administrator or designee and the Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice.

The property owner agrees to pay all plan review fees even if he/she chooses not to proceed with the work. Permit expires when work is not commenced within 180 days from date of permit, or if work is suspended, abandoned or not inspected for 180 days. Work beyond the scope of this permit, or work without a permit or inspection will be subject to penalty.

Signature of Applicant:	Date:
Printed name of Applicant:	

Township Use Only

The property has an existing: CUP IUP Nonconforming registration

Applicant is requesting a 60-day extension until: _____

Zoning Administrator: _____ **Date:** _____
 Complete **Date:** _____ Incomplete **Notification sent:** _____
Application Fee \$ _____ **Paid on** _____ **Receipt #** _____ **Check #** _____
Notes:

Planning Commission: _____ **Date:** _____
Recommendation to Town Board: Approve Deny
Notes:

Town Board: _____ **Date:** _____
 Approved Denied
Notes:

FEES AND ESCROWS	
Permit Valuation	\$
Site Inspection	\$
Land Use Permit	\$
Septic Permit	\$
Plumbing Permit	\$
-State Surcharge	\$
Mechanical Permit	\$
-State Surcharge	\$
Building Permit	\$
-State Surcharge	\$
Plan Review	\$
Penalty / Other	\$
Total Fees	\$

Building Official Approval:

Signature Date

Occupancy Type: _____

Construction Type: _____

Code Used: _____

Building Sprinkled Yes No

Total Fees Paid on _____ Receipt # _____ Check # _____

PERMIT INSTRUCTIONS

Requirements for New Construction:

- Signature from Town Board on completed Building Permit Application, including contractor license number.
- Application fees as set forth in Eureka Township Ordinance 7.
- Proof of ownership: Parcel ID will be verified by the Town Clerk; conflicts must be resolved with a proper deed.
- Building Plans (Cross Section, Elevations, Floor Plan) - 2 copies.
- Heat Loss, Combustion Air & Make-up Calculations – 2 copies.
- Energy Certificate – 2 copies.
- Driveway Permit (Required for access to State, County or Township Roads); Plumbing Permit; Mechanical Permit.
- Survey / Detailed Site Plans – 2 copies.
- Erosion and Sediment Control Plans.
- Complete Septic Design.
- New Home Checklist.

Required Building Inspections:

Applicant must contact the Eureka Township Building Inspector for all required inspections.

General Requirements:

Single-family residential structures, including manufactured homes, are governed by Eureka Township Ordinance 3 and the Minnesota State Building Code. You can view the Eureka Zoning Ordinance and applicable state building codes from the Eureka Township website at <http://eurekatownship-mn.us>.

Call the State Electrical Inspector to schedule all electrical inspections at (651) 284-5064.

After final inspection is approved, the building inspector will issue a Certificate of Occupancy. The building cannot be occupied until this certificate is issued.

Note: The Inspector may issue an order to remove materials to prove compliance with the Minnesota State Building Code and manufacturer's installation requirements.

If a re-inspection is required to verify compliance with the code, a re-inspection fee will apply and the permit holders or their representative must meet the inspector at the site to provide access.

- All materials and the installation of all materials must comply with the Minnesota State Plumbing Code and the manufacturer's installation specifications for each period.

Residential New Home Construction Checklist

(MUST be included when applying for permit)

Address: _____ **PIN#** _____

All materials and the installation of all materials must comply with the Minnesota State Building Code and the manufacturer's installation specifications for each product.

SUBMISSION CHECKLIST (Incomplete applications will not be accepted)

- Completed and Signed Building Permit Application (Include all License/Bond Numbers, contact phone numbers and email addresses).
- Completed and Signed copy of this Checklist.
- 2 sets of Structural Building Plans (floor plans and elevations).
- 2 sets of Site Plans illustrating building dimensions, lot lines and setbacks.
- New Construction Energy Code Compliance Certificate.
- Worksheet E-1 "Residential Combustion Air Calculation Method" (attached).
- Table 501.3.1 form "Procedure to Determine Makeup Air Quantity for Exhaust Equipment" (attached).
- New Construction Energy Code Lighting Schedule (attached and allowed to be a deferred submittal).

Note: Additional information may be required by the Plans examiner.

Check all items below that will be included in the construction of the home.

Note: All items checked below may need to be installed and completed before a Certificate of Occupancy can be issued. If any of the items are not checked, but are added to the plan after the building permit has been issued, an additional permit will be required.

- Finished Basement
- Deck
- Gas Fireplace: Quantity _____
- Masonry/Wood Fireplace: Quantity _____
- In-Floor Heat – hydronic
- Geothermal System
- Other: _____
- Retaining Wall (if over 48" in height, include structural engineer sealed design)
- Complete Septic System Design

FOUNDATION INFORMATION:				
Foundation Type	<input type="checkbox"/> Masonry	<input type="checkbox"/> Poured Wall	<input type="checkbox"/> ICF	<input type="checkbox"/> Wood
Foundation Thickness	<input type="checkbox"/> 8-inch	<input type="checkbox"/> 10-inch	<input type="checkbox"/> 12-inch	<input type="checkbox"/> Other
ICF Only	<input type="checkbox"/> 5.5-inch	<input type="checkbox"/> 7.5-inch	<input type="checkbox"/> 9.5-inch	<input type="checkbox"/> Other
Design Criteria	<input type="checkbox"/> Conventional	<input type="checkbox"/> Engineered	<input type="checkbox"/> IRC Tables	

Maximum Foundation Wall Height:	4'	5'	6'	7'	8'	9'	10'	Other:
Vertical Reinforcement Size and Spacing:	_____ reinforcing				_____ inches o.c.			
Horizontal Reinforcement Size and Spacing:	_____ reinforcing				_____ inches o.c.			
Waterproofing/Damp-proofing (product type):	Above grade: _____				Below grade: _____			
Foundation Drainage System Type:	_____							

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____

EUREKA TOWNSHIP

Worksheet E.1. Residential Combustion Air Calculation

Residential Combustion Air Calculation Method
(for Furnace, Boiler, and/or Water Heater in the Same Space)

Step 1: Complete vented combustion appliance information

Furnace/Boiler: _____ Draft Hood _____ Fan Assisted _____ Direct Vent Input: _____ Btu/hr.
(Not fan Assisted) & Power Vent

Water Heater: _____ Draft Hood _____ Fan Assisted _____ Direct Vent Input: _____ Btu/hr.
(Not fan Assisted)

Step 2: Calculate the volume of the Combustion Appliance Space (CAS) containing combustion appliances. The CAS includes all spaces connected to one another by code compliant openings.

CAS Volume: _____ ft³

Step 3: Determine air Changes per Hour (ACH)

Default ACH values have been incorporated into Table E-1 for use with Method 4b (KAIR Method). If the year of construction or ACH is not known, use method 4a (Standard Method).

Step 4: Determine Required Volume for Combustion Air

4a. Standard Method:

Total BTU/hr. input of all combustion appliances (*Do Not count direct vent appliances*): Input: _____ Btu/hr.

Use Standard Method column in Table E-1 to find Total Required Volume (TRV): TRV: _____ ft³

If CAS Volume (from step 2) is **greater than** TRV then no outdoor openings are needed.

If CAS Volume (from step 2) is **less than** TRV then go to **Step 5**.

4b. Known Air Infiltration Rate (KAIR) Method:

Total Btu/hr input of all fan-assisted and power vent appliances

(*Do Not count direct vent appliances*): Input: _____ Btu/hr.

Use Fan-Assisted Appliances column in Table E-1 to find

Required Volume Fan Assisted Rate (RVFA) RVFA: _____ ft³

Total Btu/hr. input of all non-fan-assisted appliances: Input: _____ Btu/hr.

Use Non-Fan-Assisted column in Table E-1 to find

Required Volume Non-Fan-Assisted (RVNFA) RVNFA: _____ ft³

Total Required Volume (TRV) = RVFA + RVNFA TRV = _____ + _____ = _____ ft³

If CAS Volume (from step 2) is **greater than** TRV then no outdoor openings are needed.

If CAS Volume (from step 2) is **less than** TRV then go to **Step 5**.

Step 5: Calculate the ratio of available interior volume to the total required volume.

Ratio = CAS Volume (from step 2) divided by TRV (from Step 4) Ratio: _____ / _____ = _____

Step 6: Calculate Reduction Factor (RF)

RF = 1 minus Ratio RF = 1 - _____ = _____

Step 7: Calculate single outdoor opening as if all combustion air is from outside.

Total Btu/hr. input of all Combustion Appliances in the same CAS (*Except direct vent*) Input: _____ Btu/hr.

Combustion Air Opening Area (CAOA)

Total Btu/hr. divided by 3,000 Btu/hr. per in² CAOA = _____ / 3000 Btu/hr. per in² = _____ in²

Table 501.3.1
Procedure to Determine Makeup Air Quantity for Exhaust Equipment in Dwellings
Use the Appropriate Column to Estimate House Infiltration

	One or multiple power vent or direct vent appliances or no combustion appliances ^A	One or multiple fan-assisted appliances and power vent or direct vent appliances ^B	One atmospherically vented gas or oil appliance or one solid fuel appliance ^C	Multiple atmospherically vented gas or oil appliances or solid fuel appliances ^D
1a. Pressure factor (cfm/sf)	0.15	0.09	0.06	0.03
1b. Conditioned floor area (sf) including unfinished basements				
Estimated House Infiltration (cfm): [1a x 1b]				
2a. Exhaust Capacity – continuous exhaust only ventilation systems (cfm): not applicable to balanced ventilation systems such as HRV				
2b. Clothes dryer	135	135	135	135
2c. 80% of largest exhaust rating (cfm): not applicable if recirculating system or if powered makeup air is electrically interlocked and matched to exhaust				
2d. 80% of next largest exhaust rating (cfm): not applicable if recirculating system or if powered makeup air is electrically interlocked and matched to exhaust	Not Applicable			
Total Exhaust Capacity (cfm): [2a+2b+2c+2d]				
3a. Makeup Air Requirement – Total Exhaust Capacity (from above)				
3b. Estimated House Infiltration (from above)				
Makeup Air Quantity (cfm): [3a – 3b] (If value is negative, no makeup air is needed)				

- A** Use this column if there are other than fan-assisted or atmospherically vented gas or oil appliances or if there are no combustion appliances.
- B** Use this column if there is one fan-assisted appliance per venting system. Other than atmospherically vented appliances may also be included.
- C** Use this column if there is one atmospherically vented (other than fan-assisted) gas or oil appliance per venting system or one solid fuel appliance.
- D** Use this column if there are multiple atmospherically vented gas or oil appliances using a common vent or if there are atmospherically vented gas or oil appliances and solid fuel appliances.

**Table 501.3.2
Makeup Air Opening Sizing for New and Existing Dwellings**

	One or multiple power vent or direct vent appliances or no combustion appliances ^A	One or multiple fan-assisted appliances and power vent or direct vent appliances ^B	One atmospherically vented gas or oil appliance or one solid fuel appliance ^C	Multiple atmospherically vented gas or oil appliances or solid fuel appliances ^D	Passive makeup air opening duct diameter ^{E, F, G}
Type of opening or system	(cfm)	(cfm)	(cfm)	(cfm)	(inches)
Passive Opening	1-36	1-22	1-15	1-9	3
Passive Opening	33-66	23-41	16-28	10-17	4
Passive Opening	67-109	42-66	29-46	18-28	5
Passive Opening	110-163	67-100	47-69	29-42	6
Passive Opening	164-232	101-143	70-99	43-61	7
Passive Opening	233-317	144-195	100-135	62-83	8
Passive Opening with Motorized Damper	318-419	196-258	136-179	84-110	9
Passive Opening with Motorized Damper	420-539	259-332	180-230	111-142	10
Passive Opening with Motorized Damper	540-679	333-419	231-290	143-179	11
Powered Makeup Air ^H	>679	>419	>290	>179	Not Applicable

- A Use this column if there are other than fan-assisted or atmospherically vented gas or oil appliances or if there are no combustion appliances.
- B Use this column if there is one fan-assisted appliance per venting system. Other than atmospherically vented appliances may also be included.
- C Use this column if there is one atmospherically vented (other than fan-assisted) gas or oil appliance per venting system or one solid fuel appliance.
- D Use this column if there are multiple atmospherically vented gas or oil appliances using a common vent or if there are atmospherically vented gas or oil appliances and solid fuel appliance(s).
- E An equivalent length of feet or round smooth metal duct is assumed. Subtract 40 feet for the exterior hood and 10 feet for each 90-degree elbow to determine the remaining length of straight duct allowable.
- F If flexible duct is used, increase the duct diameter by one inch. Flexible duct shall be stretched with minimal sags.
- G Barometric dampers are prohibited in passive makeup air openings when any atmospherically vented appliance is installed.
- H Powered makeup air shall be electrically interlocked with the largest exhaust system.

