



City of Inver Grove Heights
8150 Barbara Avenue
Inver Grove Heights, MN 55077
Inspections Department
Phone: 651-450-2550
Fax: 651-450-2502
www.invergroveheights.org

BASEMENTS

**A Building Permit is required for a basement finish or remodel.
The permit fee will be based on the job valuation.**

Separate permits are required for Plumbing, Mechanical and Electrical work.

APPLICATION AND PLAN REQUIREMENTS:

1. Building Permit Application
2. Plans (2 sets) - including the following information:
 - A. Floor plan
 - Location of all existing and proposed walls of lower level or basement.
 - Name of each existing and proposed room.
 - Location and sizes of windows and doors.
 - Wall construction materials and spacing of studs.
 - Location of existing or proposed plumbing fixtures, furnace and water heater.
 - Location of stairway, fireplaces, etc.
 - Location of smoke detectors.
 - B. Cross-section plan:
 - Proposed finished ceiling height.
 - Wall, floor and ceiling finish materials.

ADDITIONAL CODE REQUIREMENTS:

- Bottom plates of proposed walls shall be of approved treated wood.
- Properly sized beams and headers must be used in structural bearing conditions. Specify intended sizes of such beams and headers on plans.
- Vapor barrier behind tub/shower must be protected from damage caused by installation of tub/shower.
- Open side(s) of stairways more than 30" above the floor shall be provided with a guardrail that must be placed not less than 34" or more than 38" above the nosing of the treads.
- Enclosed usable space under stairs must be protected on the underside and sidewalls with gypsum board.
- Minimum Height: Habitable rooms, hallways, corridors, bathrooms, toilet rooms, and basements shall have a ceiling height of not less than 7'. The required height shall be measured from the finish floor to the lowest projection from the ceiling. Areas or rooms with ceiling height less than 7' are considered crawl spaces. Exceptions: 1) Beams and girders spaced not less than 4' on center may project not more than 6" below the required ceiling height. 2) Not more than 50 percent of the required floor area of a room or space is permitted to have a sloped ceiling less than 7' in height with no portion of the required floor area less than 5' in height.

EGRESS AND SMOKE DETECTORS:

- Smoke detectors are required on all levels and in all sleeping areas. Centrally locate smoke detectors in hallways. Battery operated detectors are acceptable in *existing* rooms.
- Each new bedroom and/or finished space shall be provided with an escape or rescue window having:
 - A minimum new clear openable area of not less than 5.7 square feet.
 - A minimum net clear opening height dimension of 24”.
 - A minimum net clear opening width dimension of 20”.
 - A finished sill height of not more than 44” above the floor and a ladder in window wells deeper than 44”.
 - See Egress Window handout for additional information.

MECHANICAL AND PLUMBING:

- Each bathroom shall be provided with an openable window or a powered exhaust fan which vents to the exterior. Vents should not terminate within 3’ of air intake nor opening window or door. Duct should be insulated to minimum R-4 for the last 3 feet.
- HRV/ERV may need to be recalibrated for additional living space. Additional combustion air duct may need to be added to mechanical room. See Ventilation Worksheet for specifics and exceptions.
- Mechanical joints or fittings in gas piping shall not be concealed within the wall or ceiling construction.
- An anti-scald shower valve is required in the bathroom shower.

ADDITIONAL INFORMATION:

Additional permits will need to be obtained for plumbing, electrical or mechanical (depending on the scope of the work). **Mechanical worksheets are required for EVERY addition/remodel.** Worksheets available at city hall.

REQUIRED INSPECTIONS: (please schedule at least 24 hours in advance)

Framing
Insulation (primarily for fireblocking & vapor barrier)
Sheetrock/drywall
Plumbing rough-in & final (if applicable)
Mechanical rough-in & final (if applicable)
Electrical rough-in and final (through State Board of Electricity)
Final (when complete)

QUESTIONS?

Contact the Inspections Department Monday through Friday between 8:00am and 4:30 pm at 651-450-2550

CITY OF INVER GROVE HEIGHTS BUILDING PERMIT APPLICATION

PERMIT #

SITE ADDRESS

1. BUILDING SITE ADDRESS _____ ZIP CODE _____
2. OWNER NAME _____ ADDRESS _____ PHONE (HOME) _____ (WORK) _____
3. CONTRACTOR _____ ADDRESS _____ PHONE _____ (FAX) _____
4. ARCHITECT/ENGINEER _____ ADDRESS _____ PHONE _____ (FAX) _____
5. LEGAL DESCRIPTION OF SITE (attach if long description) _____
6. CLASS OF WORK: NEW ADDITION REMODEL/ALTERATION OTHER
7. DESCRIBE WORK _____
8. USE OF BUILDING _____
9. CONSTRUCTION DATA:

Setbacks: Front _____	Square Feet: Basement _____	Garage _____
Right Side _____	1st Floor _____	Porch _____
Left Side _____	2nd Floor _____	Deck _____
Rear Side _____	3rd Floor _____	Other _____

 Structure Height: _____ VALUATION (Incl. Labor): _____
10. The undersigned acknowledges that he/she has read this application and that the above is correct and agrees to comply with all the ordinances and laws of the City of Inver Grove Heights regulating building construction.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT DATE

NOTICE: This is an application only. Permit will be issued after city approval and payment of fees.

OFFICE USE ONLY

	FEE TYPE	AMOUNT	RECEIPT CODE
Zoning _____	Contractors License	_____	AK
Occupancy _____	Building Permit	_____	AL
Type of Constr. _____	Plan Review	_____	AM
# of Stories _____	Surcharge	_____	BR
Bdrm/Dwelling Units _____	Sprinkler/Alarm Permit	_____	AO
Max. Occup. Load _____	Misc. Permits (Sign, Fence)	_____	AR
Sprinklered _____	MCWS Sac Charge	_____	BP
Application Accepted By _____	Sewer Connection Fee	_____	BD
License No. _____	Water Connection Fee	_____	BC
Building Insp. Approval _____	Water Treatment Fee	_____	CD
Planning Approval _____	Meter Sale	_____	WD
Engineering Approval _____	Tax on Meter	_____	BQ
Fire Marshal Approval _____	B-Line Sewer Connection	_____	BE
Approved to Issue By _____	Park Dedication Fees	_____	BO
Date Approved _____	Eagan Utility Connections	_____	CA
	Other Forms & Fees	_____	AS
	TOTAL FEE	_____	
	Receipt # _____	Date Issued _____	

SPECIAL CONDITIONS _____

NOTICE: Inspections made by the City are a public service and do not constitute any representation, guarantee or warranty, either implied or expressed, to any person as to the condition of the building inspected.

CITY OF INVER GROVE HEIGHTS MECHANICAL PERMIT APPLICATION

PERMIT #

BUILDING SITE ADDRESS _____

OWNER _____ BUILDING USE _____

CONTRACTOR _____ PHONE _____

ADDRESS _____

CLASS OF WORK: NEW ADDITION ALTERATION REPAIR/REPLACE

SECTION I. HEATING/COOLING

RESIDENTIAL OR COMMERCIAL TOTAL JOB VALUE \$ _____

HEATING:

MODEL _____ BTU _____ HEAT LOSS _____

NATURAL GAS LP FLUE SIZE _____

COOLING: _____

GAS LINE DUCTWORK

GAS FIREPLACE OTHER

DESCRIPTION _____

SECTION II. COMMERCIAL VENTILATION/EXHAUST

TOTAL JOB VALUE \$ _____

EQUIPMENT DESCRIPTION

EXHAUST VENTILATION: _____

COMMERCIAL KITCHEN HOOD: _____

TYPE OF FIRE PROTECTION: _____

OTHER: _____

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CONTRACTOR SIGNATURE

DATE

NOTICE: This is an application only. Permit will be issued after city approval and payment of fees.

OFFICE USE ONLY

Account No.

Approved to issue by _____

Permit Fee \$ _____

AP

License # _____

Surcharge \$ _____

BR

Comments _____

Total Fee \$ _____

Receipt # _____

Date _____