

Residential New Home

Permit Application and Plan Review Submittal

Building Site Address: _____

Applicant/Business Name: _____

Development Name: _____

Lot: _____ Block: _____

Building codes currently in effect for Woodbury, MN

2020 MN State Residential Code
2020 MN Energy Code
2020 MN Mechanical and Fuel Gas Code
2020 MN Plumbing Code



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building@woodburymn.gov · woodburymn.gov
651-714-3543 · TDD 651-714-3568

Required Materials for Residential New Home Permit Applications

The following items must be submitted before the issuance of a building permit. Complete and accurate information will expedite the plan review process.

Included

- 1. Submit complete digital signed **Residential New Home Permit Application**.

- 2. Submit complete digital (.pdf) copies of all construction plans, truss specs, etc. submitted through the [Online Services Portal](#). Additional submittal information may be required as determined by the building inspector.
[Residential Building Permit Minimum Plan Requirements](#)

- Contractor is responsible for providing a copy of approved plans on site for review.**

- 3. Submit complete digital **Supplement to New Residential Construction Application**. (Page 4))

- 4. Submit complete digital **New Construction Energy Code Compliance Certificate**. (Page 5)

- 5. Submit digital signed certificate of survey.
[Residential Building Permit Survey Requirements](#)

- Provide a copy of the submitted septic permit application request from Washington County.
Rural lots only.

Application for Residential Permit

Site Address _____

Applicant _____ **Contact Name** _____

Address City/State/Zip _____

Cell _____ Email _____

Owner _____ **Contact name** _____

Address _____ **City/State/Zip** _____

Cell _____ Email _____

General Contractor _____ **Contact name** _____

Address _____ **City/State/Zip** _____

Cell _____ Email _____

License Number _____

HVAC Contractor _____ **Contact name** _____

Address _____ **City/State/Zip** _____

Cell _____ Email _____

License Number _____

Plumbing Contractor _____ **Contact name** _____

Address _____ **City/State/Zip** _____

Cell _____ Email _____

License Number _____

Electrical Contractor _____ **Contact name** _____

Address _____ **City/State/Zip** _____

Cell _____ Email _____

License number _____

If Applicable:

Fire Sprinkler Contractor _____ **Contact name** _____

Address _____ **City/State/Zip** _____

Cell _____ Email _____

License number _____

Applicant Signature: _____ **Date:** _____

Issuance of a permit and inspections conducted do not constitute a guarantee or warranty from the city. The applicant hereby agrees to do all work in accordance with the ordinances of the City of Woodbury, State Building Code and the requirements of the Building Inspections Division.

Supplement to New Residential Construction Application

This information is required for each new residential dwelling

Building Site Address _____

Site Superintendent Name _____

Phone number _____ Email _____

Single Dwelling Multiple Dwelling Value: _____

Square Footage

Basement _____ Deck _____

First floor _____ Entry/open porch _____

Second floor _____ Screen porch _____

Garage _____ Three-season porch _____

Finished basement _____ Stone/brick veneer _____

Storage _____

Counts

No. of gas fireplaces _____ No. of bathrooms _____ No. of rough-in bathrooms _____

Method of fire protection of floors: _____

Example: Gypsum or wood structural panel membrane, sprinkler system, type of system, etc.

Total floor area: Square feet of all floors and basement, excluding garage _____

Fire sprinkler system, if applicable: Value of all sprinkler work \$ _____

New Construction Energy Code Compliance Certificate

Per R401.3 Certificate. A building certificate shall be posted on or in the electrical distribution panel.

Date Certificate Posted



Mailing Address of the Dwelling or Dwelling Unit	City
Name of Residential Contractor	MN License Number

THERMAL ENVELOPE										RADON CONTROL SYSTEM	
Insulation Location	Total R-Value of all Types of Insulation	Type: Check All That Apply								Passive (No Fan)	
		Non or Not Applicable	Fiberglass, Blown	Fiberglass, Batts	Foam, Closed Cell	Foam Open Cell	Mineral Fiberboard	Rigid, Extruded Polystyrene	Rigid, Isocyanurate	Active (With fan and monometer or other system monitoring device)	
										Location (or future location) of Fan:	
										Other Please Describe Here	
Below Entire Slab											
Foundation Wall											
Perimeter of Slab on Grade											
Rim Joist (1st Floor)											
Rim Joist (2nd Floor+)											
Wall											
Ceiling, flat											
Ceiling, vaulted											
Bay Windows or cantilevered areas											
Floors over unconditioned area											
Describe other insulated areas											
Building envelope air tightness:			(ACH)			Duct system air tightness:			(cfm/100sf)		
Windows & Doors					Heating or Cooling Ducts Outside Conditioned Spaces						
Average U-Factor (excludes skylights and one door) U:					Not applicable, all ducts located in conditioned space						
Solar Heat Gain Coefficient (SHGC):					R-value						
MECHANICAL SYSTEMS										Make-up Air Select a Type	
Appliances		Heating System		Domestic Water Heater		Cooling System		Not required per mech. code			
Fuel Type								Passive			
Manufacturer								Powered			
Model								Interlocked with exhaust device. Describe:			
Rating or Size		Input in BTUS:		Capacity in Gallons:		Output in Tons:		Other, describe:			
Efficiency		AFUE or HSPF%				SEER /EER		Location of duct or system:			
Residential Load Calculation		Heating Loss		Heating Gain		Cooling Load					
								Cfm's			
MECHANICAL VENTILATION SYSTEM										" round duct OR	
										" metal duct	
Describe any additional or combined heating or cooling systems if installed: (e.g. two furnaces or air source heat pump with gas back-up furnace):										Combustion Air Select a Type	
Select Type										Not required per mech. code	
										Passive	
										Other, describe:	
Heat Recover Ventilator (HRV) Capacity in cfm's: Low: High:										Location of duct or system:	
Energy Recover Ventilator (ERV) Capacity in cfm's: Low: High:											
Balanced Ventilation capacity in cfm's:											
Location of fan(s), describe:										Cfm's	
Capacity continuous ventilation rate in cfm's:										" round duct OR	
Total ventilation (intermittent + continuous) rate in cfm's:										" metal duct	