



Residential Siding

City of Prior Lake Requirements 2019

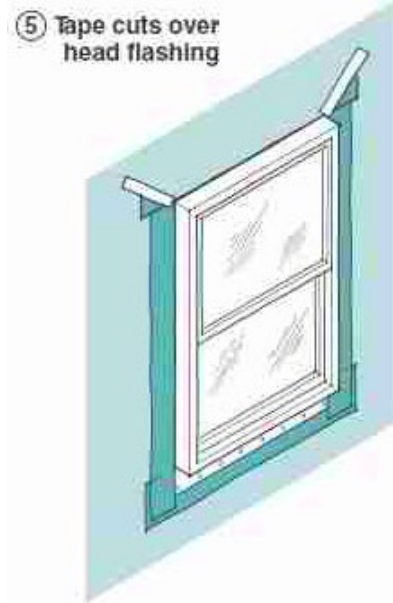
A Building permit is required for the residing of residential dwelling and garages. This handout is a guide only and is not intended as a complete list of requirements.

SUBMITTALS:

- A complete building permit application indicating the siding and house wrap products.

INSTALLATION:

- Permit must be posted where visible from the street.
- Window wrap must be used at doors, windows, and other openings to prevent intrusion. Provide drip caps and flashing as per manufacturer. See diagram below.
- Call for house wrap inspections before covering**
- Install siding to manufacturer's recommendations.
- Caulk all joints, J channels and openings.
- House numbers must be a minimum of 4" and be of contrasting color to the house.



** Removal and reinstallation of outdoor lighting and other electrical devices should be done by the homeowner or a licensed electrical contractor. If any additional lighting, relocation of lights or devices are added, an electrical permit is required.

INSPECTIONS:

1. House Wrap - including all flashing in place, before siding is applied.
2. Final - combustion air requirements per MN Residential Energy Code and Mechanical Code and siding are complete.

Please have the address available when you call 952.447.9850.



RESIDENTIAL BUILDING PERMIT APPLICATION

City of Prior Lake | Building Inspections
4646 Dakota Street SE
Office: 952.447.9850 | permits@cityofpriorlake.com

Date:

Permit #

SITE INFORMATION

Site Address	Lot	Block	Parcel ID
Owner	Subdivision		Zoning
Address		Phone	

APPLICANT/CONTRACTOR INFORMATION Work being completed by property owner must be owner occupied

Applicant/Company Name		License No	
Address		Email	
City	State	Zip	
Contact Person	Phone		

PERMIT DETAILS – call Gopher State One before you dig 811

Work Description:

TYPE OF WORK: New Alteration Addition Repair Replacement

<input type="checkbox"/> Single Family Detached	<input type="checkbox"/> Deck	<input type="checkbox"/> Re-Roof	<input type="checkbox"/> Windows & Doors
<input type="checkbox"/> Single Family Attached	<input type="checkbox"/> Egress Window	<input type="checkbox"/> Re-Side	<input type="checkbox"/> Fence (exceeds 6')
<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Garage	<input type="checkbox"/> Misc.	<input type="checkbox"/> Pre-1978 Homes EPA Lead safe (RRP) Certification required
<input type="checkbox"/> Lower Level Finish	<input type="checkbox"/> Porch	<input type="checkbox"/> Other	

Estimated Value of Work (Include labor)	\$	<input type="checkbox"/> Builders Deposit \$2,500	Permit Fee	\$
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PROVIDE THE FOLLOWING (AS REQUIRED FOR PERMIT) Upload Online Attachments on BSA or PDF in an email

<input type="checkbox"/> Building Plans	<input type="checkbox"/> Tree Preservation Agreement	<input type="checkbox"/> Braced Wall Panel locations
<input type="checkbox"/> Certificate of Survey	<input type="checkbox"/> Truss Specifications	<input type="checkbox"/> Energy Compliance Certificate & Data
<input type="checkbox"/> Single Family Worksheet	<input type="checkbox"/> Erosion or Sediment Control Plan	<input type="checkbox"/> Heating and Cooling Calculations

SUBCONTRACTOR INFORMATION – (SEPARATE PERMITS ARE REQUIRED)

I hereby certify that the information contained herein is correct and agree to do the proposed work in accordance to provisions of the ordinances of the City of Prior Lake and State Building codes. I further agree that any plans and specifications submitted herein shall become part of this permit application. This permit will expire in six (6) months from the date of issue if a passing final inspection is not obtained.

I further understand, this application, its materials, and final approved plans will be available electronically and publicly viewable on bsaonline.com.

Signature of Applicant	Date
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Printed Name of Applicant

A Certificate of Occupancy is required prior to occupancy or use of the structure. It will be issued upon completion of a satisfactory final inspection approved by the Building Department.