



CITY OF EDINA

4801 50th Street West, Edina, MN 55424-1394

Building Inspections Department

(952) 826-0372 FAX (952) 826-0389 TDD (952) 826-0379

www.ci.edina.mn.us

PERMIT NUMBER

HERITAGE LANDMARK
CASE NUMBER

for office use only

Pool Permit Application

PRINT OR TYPE APPLICATION

Site Information

Address _____ Suite/Unit number _____

Lot _____ Block _____ Subdivision _____

Tenant/Building name _____

Is a variance required? Yes No If yes, provide Planning Department case number _____

Work Description

Proposed starting date _____ Completion date _____

1 New 2 Addition 3 Alteration 3 Remodel 4 Repair 4 Replace

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Single Family Detached | <input type="checkbox"/> 3&4 Family Residential | <input type="checkbox"/> Recreation/Amusement | <input type="checkbox"/> Private School |
| <input type="checkbox"/> Single Family Attached | <input type="checkbox"/> 5 & More Residential | <input checked="" type="checkbox"/> Grade/Fill/Excavate Only | <input type="checkbox"/> Church/Religious Bldg |
| <input type="checkbox"/> Residential Garage/Addn | <input type="checkbox"/> Office/Warehouse | <input type="checkbox"/> Demolition Single Family | <input type="checkbox"/> Hospital/Institutional Bldg |
| <input type="checkbox"/> Residential Addition/Porch | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Demolition 2 Family | <input type="checkbox"/> Antenna/Tower/Dish/Etc. |
| <input type="checkbox"/> Residential Deck/Shed | <input type="checkbox"/> Office/Bank/Professional | <input type="checkbox"/> Demolition 3&4 Family | <input type="checkbox"/> Other Nonresidential Bldg |
| <input type="checkbox"/> Reroof | <input type="checkbox"/> Retail Store | <input type="checkbox"/> Demolition 5&More Family | <input type="checkbox"/> Pools |
| <input type="checkbox"/> Interior Remodel | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Other Demolition | <input type="checkbox"/> City Owned |
| <input type="checkbox"/> Basement Finish | <input type="checkbox"/> Parking Garage/Ramp | <input type="checkbox"/> Industrial Building | <input type="checkbox"/> Heritage Landmark District |
| <input type="checkbox"/> 2 Family Residential | <input type="checkbox"/> Service Station/Repair Garage | <input type="checkbox"/> Public School | <input type="checkbox"/> Retaining Wall |

Job Description _____

Construction I-A I-B II-A II-B III-A III-B IV-HT V-A V-B Fire Sprinklered Yes No

Energy Code Compliance: option (a) option (b) - submit Energy Code Worksheet with this application

Valuation

Applicant is

Owner Contractor Designer

Contractor Information

Company name _____ MN Contractors License # _____

Address _____ City _____ State _____ Zip _____

Contact person name _____

Phone _____ Cell _____ EMail _____ Fax _____

Designer Information

Company name _____ Architect Engineer Designer

Address _____ City _____ State _____ Zip _____

Contact person name _____ MN License/Registration # _____

Phone _____ Cell _____ Email _____ Fax _____

COMPLETE APPLICATION ON REVERSE SIDE

Owner Information

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Cell _____ Email _____ Fax _____

Applicant Signature

I hereby apply for a permit and attest to the following:

All information on this application is complete and accurate.

All work will comply with Edina City Code and Minnesota State Building Code.

I understand this is an application only, not a permit. Work will not start without an approved permit.

All work will be done according to plans approved by the City of Edina when approved plans are required.

Erosion and sediment control, when applicable, will be installed before starting work.

Existing grades and drainage will not be altered without approved grading/drainage plans and schedule.

Applicant's signature _____ Date _____

Applicant's printed or typed name _____

Owner/Applicant Statement - To be completed only when the homeowner is the permit applicant

I understand the State of Minnesota requires residential contractors, residential remodelers and residential roofers be licensed to work in the State unless they qualify for a specific exemption from the licensing requirements. By signing this statement, I certify that I am building or improving this dwelling myself. I claim to be exempt from state licensing requirements because I am not in the business of building on speculation or for resale. I certify I have not built or improved any other residential structures in the State within the past twenty-four 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 MS 514.01.

I further acknowledge I may be hiring independent contractors to perform certain aspects of the improvements on this dwelling, and I understand some of these contractors may be required to be licensed by the State. I understand unlicensed residential contracting, residential remodeling and residential roofing activity is a misdemeanor under Minnesota law, and I forfeit my rights to reimbursement from the Contractors Recovery Fund in the event any contractors I hire are unlicensed.

Homeowner's signature _____ Date _____

Homeowner's typed or printed name _____

Contact the Minnesota Department of Commerce, Enforcement Division to determine if a contractor is licensed or exempt or to check on contractor status. Metro 651-296-6319, Outstate: 1-800-657-3978 or www.state.mn.us and follow links to [License Lookup](#)

Approvals

for office use only

Building Inspections Dept
 By _____ Date _____

Engineering Dept
 By _____ Date _____

Planning Dept/Heritage Preservation Board
 By _____ / _____ Date _____ / _____

Health Dept
 By _____ Date _____

Fire Dept
 By _____ Date _____

Assessing Dept
 By _____ Date _____

Fees

for office use only

Permit fee Yes No _____

Plan review fee Yes No _____

State surcharge Yes No _____

Contractor license fee Yes No _____

Investigation fee Yes No _____

SAC fee Yes No _____ # of units _____

Sewer assessment Yes No _____

Water assessment Yes No _____

Sewer REC Yes No _____ # of units _____

Water REC Yes No _____ # of units _____

TOTAL _____



EDINA BUILDING DEPARTMENT INFORMATION SHEET		SHEET NUMBER IS-001
SUBJECT Swimming Pool Plan Requirements		REVISION NUMBER 2 on 4/14/04
CODE REFERENCE ECC, Sec 450	APPROVAL <i>Steve G. Hickman</i>	EFFECTIVE DATE 1/16/03
		PAGE 1 of 1

SWIMMING POOL PLAN SUBMISSION REQUIREMENTS

1. Submit three (3) sets of drawings (1/4" scale) of proposed swimming pool that show the following:
 - a) Plumbing diagram
 - b) Diving board, if applicable
 - c) Stairs, ladders and swimouts
 - d) Skimmer locations
 - e) Inlets
 - f) Main drain
 - g) Cross section diagram of the swimming pool
 - h) Proposed pool decks
2. Submit three (3) surveys that comply with Edina Building Inspections Department Policy #P-005 and:
 - a) Indicate a 14 foot setback from the water's edge to rear and side yard property lines
 - b) Indicate a 10 foot setback from water's edge to utility lines, if applicable
 - c) Indicate the location of recirculation equipment A 10 foot setback from property lines is required.
 - d) Indicate the location of fencing, including any gates
3. Provide the following information:
 - a) Make and model number of the filter and pump
 - b) Type of filter (sand, D.E., cartridge)
 - c) Designed flow rate of recirculation system
 - d) Liquid capacity of the pool
 - e) Type of handhold around the pool perimeter
 - f) Make, model and description of chlorinator
4. Additional permit and inspections required for electrical work.
5. Additional mechanical permit and inspections required for pool heater and pool heater gas lines.
6. All swimming pools must have a four (4) foot wide, moisture impervious deck extending entirely around the pool. Concrete or its equivalent is acceptable.
7. Permittee shall be responsible for erecting and maintaining a minimum four (4) foot high temporary fence around the excavation and swimming pool until permanent fencing is installed.
8. Permanent, non-climbable fencing at least four (4) feet in height with self-closing, self-latching gate(s) must be installed around the pool.
9. Call for the following required inspections when ready:
 - a) Footing: Before pouring, Building Inspections Department, 952 826 0372
 - b) Electrical: State Electrical Inspector, 612 866 5895
 - c) Plumbing air test: Building Inspections Department, 952 826 0372
 - d) Pool heater and gas piping: Building Inspections Department, 952 826 0372
 - e) Final swimming pool inspection: Health Department, 952 826 0463
 Address and permit number must be provided when scheduling inspections.
10. Swimming pool may not be filled without fencing in place
11. Swimming pool may not be used before final inspection approval



EDINA BUILDING DEPARTMENT POLICY		SHEET NUMBER P-005
SUBJECT Survey/Site Plan Requirements		REVISION NUMBER 6 on 02/06/07
CODE REFERENCE MSBC 1300.0130 Subp.2	APPROVAL <i>Steve G. Hickman</i>	EFFECTIVE DATE 12/4/00
		PAGE 1 of 1

Purpose: To provide adequate and accurate site information to all City departments involved in the review and approval of projects, as well as providing information for future reference.

Surveys are not required for structures and/or grading that do not require a permit. As-built surveys indicating setbacks and top of foundation are required for new dwellings prior to foundation backfill and where the bottom of footings are within the Flood Fringe. A Survey Compliance Certification indicating compliance with the approved survey must be provided by the surveyor prior to the final building inspection.

Surveys submitted to the City for permits must include:

1. Property lines showing monument locations. Registered surveyor must prepare survey.
2. Scale of drawing. Minimum scale 1' - 50'. Maximum sheet drawing size 24" x 36".
3. Full legal description.
4. Dimensions of lot including square footage and north arrow.
5. Dimensions of front, rear and side yards, proposed and existing.
6. Locations and dimensions of all existing buildings/structures on the lot.
7. Location and dimensions of proposed building/addition/structure, including portions of the structure cantilevered beyond the foundation.
8. Side yard and setback dimensions of buildings/structures on adjacent lots.
9. Location of all easements as shown on record plats.
10. National Geodetic Vertical Datum of 1929 (NGVD-1929) elevations at the following specific locations:
 - 10.1. Each lot corner (existing and proposed).
 - 10.2. Grade at the foundation and top of foundation of structures on adjacent lots.
 - 10.3. Grade at the foundation, top of foundation and garage floor of proposed new construction.
 - 10.4. Lowest point of entry (i.e. door sill or top of window well) of proposed and existing construction.
 - 10.5. Lowest floor of proposed and existing construction.
11. Placement and method of erosion control, including construction entrance location.
12. Arrows indicating direction of existing and proposed drainage.
13. One foot contours indicating existing and proposed grades.
14. Location of pylon sign (for commercial project only).
15. Record of revisions, with revision date, number and description.
16. Signature, date and certification of surveyor.

Exception: When no grading is to occur on the property and NGVD-1929 elevation at the lowest proposed floor level is indicated on the site plan, the Building Official, Planning Director and City Engineer may approve a site plan in lieu of a survey under the following conditions:

- The proposed structure is setback at least twice the required setback distance from property lines, and property corners and property lines adjacent to the proposed structure have been located and marked by a surveyor. or
- The proposed structure is setback at least twice the required setback distance from property lines, and property corner irons or monuments have been located and the **entire** property lines adjacent to the proposed structure have been marked.



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PERMIT NUMBER
APPROVED BY
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GRADING/LANDSCAPING CERTIFICATION

PROPERTY INFORMATION

Address _____ PID Number _____

Property Owner _____ (Owner verification may be required)

OwnerAddress _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____ Fax _____

The purpose of this certification is to provide the City with information on parties responsible for grading or landscaping that may be occurring on the subject property. This information will enable City staff to deal with the appropriate individuals should problems or issues arise in connection with grading or landscaping on the subject property or adjacent properties.

Read and complete applicable SECTION(S)

SECTION I

- There will be **no grading** , **no landscaping** associated with this permit at the above address. Excess soil will be exported from site.
- There will be **grading** , **landscaping** associated with this permit at the above address. Complete **SECTION II (CONTRACTOR)** and/or **SECTION III (PROPERTY OWNER)**

SECTION II – To be completed by contractor, if applicable

The **CONTRACTOR** to whom the permit was issued is responsible for the **grading** , **landscaping** , at the above address. It is understood grading and/or landscaping may not commence without City approved grading and/or landscaping plans.

SECTION III – To be completed by property owner, if applicable

The **PROPERTY OWNER** is responsible for the **grading** , **landscaping** , at the above address associated with this permit. It is understood separate, additional plans and a separate permit is required prior to any grading and/or landscaping.

A permit may be required by the applicable WATERSHED DISTRICT in addition to City permits.

Contractor Information

Company Name _____ Contact Person _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Cell _____ Fax _____

Contractor and Property Owner signature and date **REQUIRED** on **ALL** Certifications

Property Owner Signature _____ **Date** _____

Contractor Signature _____ **Date** _____