



CITY OF CORCORAN

www.corcoranmn.gov

New Home Construction Permit Submittal Requirements

Proposed construction plans showing design, floor plans, elevations, cross sections, materials, and scale

Certificate of Survey indicating lot dimensions and location and setbacks of buildings, driveways, septic systems, wells, wetlands, flood plain, etc.

Combustion makeup air worksheet

Energy Code Compliance Certificate

Copy of soil test report and septic design

Apply for septic permit with Hennepin County Environmental Health

Apply for electrical permit to Minnesota Department of Labor and Industry

Land Disturbance permit (if applicable includes grading, fill, *driveway (*new driveways only*))

Sediment and erosion control must be in place prior to any site work.

*Application must be made to Hennepin County to access a county road

Submit permit request online at: www.corcoranmn.gov - Building Permits

**Required online attachments are preferred in PDF format.*

Requirements for size, height, setbacks and architectural standards can be found in the City Zoning Ordinance, Title X, or by contacting the Planning & Zoning Department. For specific questions regarding building code requirements, refer to the applicable codes or the contact the city's contracted Building Official, Metro West Inspection at 763-479-1720 or permits@corcoranmn.gov.

ADDITIONAL FEATURES CHECKLIST

CHECK ITEMS THAT WILL BE INCLUDED IN THE INITIAL CONSTRUCTION OF THIS HOME

All items checked below may need to be installed and completed before a Certificate of Occupancy can be issued for this new home. All items checked must be added or shown in the submitted building plans.

- Finished Basement
- Deck
- 3-Season Porch
- Gas Fireplace Quantity: _____
- Masonry/Wood Fireplace Quantity: _____
- In-Floor Heat
- Geothermal System
- Retaining Wall - maximum height = _____
(retaining walls are measured from the bottom of the footing to the top of the wall)
- Other: _____

*Once plan approval has been given and a permit issued, if you decide to make changes to or alter your plan, you must submit changes for approval.

SEPTIC PERMIT APPLICATION PROCEDURE

It is the responsibility of the home owner or builder to submit a completed Septic Application, *a copy of the septic design, *copy of the lot survey and septic permit fees to the Hennepin County Human Services and Public Health Department before commencing any activity for a sewage treatment system. Once the City has been notified of septic approval the City can process your building permit. You should allow approx. 12 - 14 days for the completion of the septic application process.

*It is the duty of the applicant to notify the Health Authority of the date/time the inspection is needed at least 24 hours before requested. For more information regarding septic issues, contact Hennepin County at 612-543-5200.

ELETRICAL PERMIT APPLICATION PROCEDURE

It is the responsibility of the home owner or builder to submit a completed Electric Application to the Department of Labor and Industry. **It is the duty of the applicant to notify the Electrical Inspector of the date/time the inspection is needed at least 24 hours before requested. For more information regarding electric issues, contact Paul Hipsag at 763-241-2102.

This handout is intended only as a guide and is based in part on the Minnesota State Building Code, Corcoran city ordinances, and good building practice. While every attempt has been made to ensure the correctness of this handout, no guarantees are made to its accuracy or completeness. Responsibility for compliance with applicable codes and ordinances falls on the owner and/or contractor.

COMBUSTION AIR/MAKE-UP AIR WORKSHEET

Date: _____

Name: _____ Site Address: _____

Total floor Area (including basement): _____

Size of Room with Combustion Equipment: _____

Average Ceiling Height _____ Number of Bedrooms _____

***Check all that apply**

Year Home was Constructed

Pre-1994	1994-2003	2004 and After	New – YB _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Combustion Equipment (Existing & New)

	Atmospheric Vent	Fan Assist/ Power Vent	Direct Vent	Electric
Water Heater Input: _____ BTU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furnace/Boiler Input: _____ BTU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furnace/Boiler Input: _____ BTU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fireplace

Gas Direct Vent	Gas Log Insert	Wood Burning Solid Fuel	Factory Wood Burning Solid Fuel Closed Combustion Air
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ventilation System/Per Energy Code, Not Mechanical Code

Exhaust Only	Balanced (HRV/ERV)	None
<input type="checkbox"/> Fan 1 CFM: _____ <input type="checkbox"/> Fan 2 CFM: _____	<input type="checkbox"/>	<input type="checkbox"/>

Exhaust Systems

	Yes	CFM: _____	No	CFM: _____
Kitchen	<input type="checkbox"/>		<input type="checkbox"/>	
Central Vacuum	<input type="checkbox"/>		<input type="checkbox"/>	
Bath Fan	<input type="checkbox"/>		<input type="checkbox"/>	
Other	<input type="checkbox"/>		<input type="checkbox"/>	

New Construction Energy Code Compliance Certificate

Per N1101.8 Building Certificate. A building certificate shall be posted in a permanently visible location inside the building. The certificate shall be completed by the builder and shall list information and values of component listed in Table N1101.8.

Date Certificate Posted



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

THERMAL ENVELOPE							RADON SYSTEM		
House area _____ Sq. Ft.	Total R-Value of all Types of Insulation	Type: Check All That Apply						<input type="checkbox"/>	Passive (No Fan)
		Non or Not Applicable	Fiberglass, Blown	Fiberglass, Batts	Foam, Closed Cell	Foam Open Cell	Mineral Fiberboard	Rigid, Extruded Polystyrene	Rigid, Isocyanurate
Number of bedrooms _____									Other Please Describe Here
Below Entire Slab									
Foundation Wall									Location: <input type="checkbox"/> interior <input type="checkbox"/> exterior or <input type="checkbox"/> integral
Perimeter of Slab on Grade									
Rim Joist (Foundation)									Location: <input type="checkbox"/> interior <input type="checkbox"/> exterior or <input type="checkbox"/> integral
Rim Joist (1 st Floor+)									Location: <input type="checkbox"/> interior <input type="checkbox"/> exterior or <input type="checkbox"/> integral
Wall									
Ceiling, flat									
Ceiling, vaulted									
Bay Windows or cantilevered areas									
Bonus room over garage									
Describe other insulated areas									

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 <i>Select a Type</i>	
Appliances	Heating System	Domestic Water Heater	Cooling System	<input type="checkbox"/>	Not required per mech. code
Fuel Type				<input type="checkbox"/>	Passive
Manufacturer				<input type="checkbox"/>	Powered
Model				<input type="checkbox"/>	Interlocked with exhaust device. Describe:
Rating or Size	Input in BTUS:	Capacity in Gallons:	Output in Tons:	<input type="checkbox"/>	Other, describe:
Structure's Calculated	Heat Loss:		Heat Gain	Location of duct or system:	
Efficiency	AFUE or HSPF%		SEER:		Cfm's
			Calculated cooling load:	<input type="checkbox"/>	" round duct OR
				<input type="checkbox"/>	" metal duct

Mechanical Ventilation System						Combustion Air <i>Select a Type</i>	
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):						Not required per mech. code	
Select Type						<input type="checkbox"/>	
<input type="checkbox"/>	Heat Recover Ventilator (HRV) Capacity in cfm's:	Low:	High:	<input type="checkbox"/>	Passive	<input type="checkbox"/>	
<input type="checkbox"/>	Energy Recover Ventilator (ERV) Capacity in cfm's:	Low:	High:	<input type="checkbox"/>	Other, describe:	<input type="checkbox"/>	
<input type="checkbox"/>	Continuous exhausting fan(s) rated capacity in cfm's:					Location of duct or system:	
	Location of fan(s), describe:					Cfm's	
	Capacity continuous ventilation rate in cfm's:					<input type="checkbox"/>	" round duct OR
	Total ventilation (intermittent + continuous) rate in cfm's:					<input type="checkbox"/>	" metal duct