

Please complete this form and forward to Jackson City Hall. This information is required prior to approval being given for the plan review or building permit.

Building Official  
City of Jackson, Minnesota  
80 West Ashley Street  
Jackson, Minnesota 56143-1669

Office Phone: 507-847-4410      Building Official      Fax: 507-847-5586

For those projects that need to comply with IBC Section 106.3.4.1, the following information must be provided to this department for approval with the first submittal of plans.

Project Name \_\_\_\_\_ Location \_\_\_\_\_

Architect/Designer \_\_\_\_\_ Project MNGD/Contractor \_\_\_\_\_

Provide an approximate date of submittal for the following documents:  
[This will assume that the site plan, footing/foundation plans, soils exploration data, and the structural calculations have been submitted with this application, and also includes the "special inspection" form as required by Sec. 106 and 1704 for at least the portion of the building for which the permit is requested.] If all documents above have not been provided, please do so ASAP as the review will not commence until these have been received.

Architectural drawings \_\_\_\_\_ Specifications \_\_\_\_\_

Balance of the Structural Plan \_\_\_\_\_ Balance of the Calculations \_\_\_\_\_  
Thermal Calculations for the structure \_\_\_\_\_

Plumbing Plans \_\_\_\_\_ A set shall be provided to us, but also plans must be presented to the MN Health Dept., Plumbing Division for their review and approval.

HVAC plans, including the required calculations per the MN Energy Code and related information from that code. \_\_\_\_\_

Electrical plans - including the required lighting load calculations per the MN Energy Code and related information required by that code. \_\_\_\_\_

Sprinkler plans and calculations when and where they are required \_\_\_\_\_

All documents shall be properly signed, as required by the MN Statutes.

Approval of the Building Official \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

Please complete this form and return to Jackson City Hall with the building permit application.

**Special Structural Testing and Inspection Schedule  
Program Summary Schedule**

Project Name \_\_\_\_\_ Project No. \_\_\_\_\_  
 Location \_\_\_\_\_ Permit No. \_\_\_\_\_ (1)

| Technical (2) |         | Description (3) | Type of Inspector (4) | Report Frequency (5) | Assigned Firm (6) |
|---------------|---------|-----------------|-----------------------|----------------------|-------------------|
| Section       | Article |                 |                       |                      |                   |
|               |         |                 |                       |                      |                   |
|               |         |                 |                       |                      |                   |
|               |         |                 |                       |                      |                   |
|               |         |                 |                       |                      |                   |
|               |         |                 |                       |                      |                   |
|               |         |                 |                       |                      |                   |

Notes: This schedule shall be filled out and included in the Special Structural Testing and Inspection Program.

- (1) Permit No. to be provided by the Building Official.
- (2) Referenced to the specific technical scope section in the program.
- (3) Use descriptions per IBC Section 17, as adopted by Minnesota State Building Code. (4) Special Inspector - Technical, Special Inspector- Structural (5) Weekly, monthly, per test/inspection, per floor, etc.
- (6) Firm contracted to perform services.

**ACKNOWLEDGEMENTS**

Each appropriate representative shall sign below:

|               |       |       |
|---------------|-------|-------|
| Owner:        | Firm: | Date: |
| Contractor: : | Firm: | Date: |
| Architect: :  | Firm: | Date: |
| SER: :        | Firm: | Date: |
| SI-S: :       | Firm: | Date: |
| SI-T: :       | Firm: | Date: |
| TA: :         | Firm: | Date: |
| F: :          | Firm: | Date: |

If requested by engineer/architect of record or building official, the individual names of all prospective special inspectors and the work they intend to observe shall be identified.

Legend: SER= Structural Engineer of Record                      SI-T= Special Inspector- Technical  
TA= Testing Agency                      SI-S= Special Inspector- Structural                      F= Fabricator

Accepted for the Building Department by: \_\_\_\_\_  
Date: \_\_\_\_\_