

☐ Wall insulation type and R-value (if applicable)

☐ Placement of mechanical supply and returns

☐ Location of bath fan(s) (if applicable)

☐ Location of appliances (if applicable)

☐ Placement/types of plumbing fixtures (if applicable)

☐ Locations of smoke and carbon monoxide detectors

Basement/Lower-Level Finish Checklist

Building Inspections | City of Savage | 6000 McColl Drive, Savage, MN 55378 | Office: 952-882-2650

Complete this checklist form and submit it electronically to the documents file folder in ePlans. Incomplete submittals or illegible plan review documents will be rejected.

CHECKLIST MUST BE FILLED OUT AND INCLUDED WITH YOUR EPLAN SUBMITTAL

PROPERTY OWNER INFORMATION					
Site Address:				Parcel ID:	
Lot:	Block:	Subdivision:			
Property Owner Name:				Phone:	
Email:			stimated Value of Work (include labor) \$		\$
APPLICANT/CONTRACTOR INFORMATION					
Applicant Name:				License #:	
Email:				Phone:	
Contractor (if different):				Phone:	
SUBCONTRACTOR INFORMATION (if applicable)					
Plumbing:			Phone:	License #:	
Mechanical:			Phone:	License #:	
Fire:			Phone:	License #:	
Water/Sewer:			Phone:	License #:	
Please complete the checklist below for each of the applicable requirements: Floor Plan — The proposed floor plan must be provided and include the following:					
☐ All walls and o	otion – bedroom, l openings – bearin	oathroom, living are g and non-bearing	ea, etc.		
\square Wall framing stud size and spacing					