

CITY OF LAKELAND
1190 St. Croix Trail South
Lakeland, MN 55043
Phone: 651-436-1405

MNSPECT
235 First Street W
Waconia, MN 55387
Phone: 952-442-7520

PAGE 1

BUILDING PERMIT

- Handout Given
 Lead Handout Given

SITE ADDRESS: _____ PID: _____

- 1) Was the home constructed before 1978? (YES , continue with line 2, NO continue without completing EPA Section)
2) Will the work disturb ≥6 sq ft of interior painted surfaces or ≥20 sq ft of exterior painted surfaces? (YES go to line 4, NO line 3)
3) Are there any windows being replaced? (YES , go to line 4, NO continue without completing EPA Section)
4) Has this home been Certified Lead Free? (YES , you MUST Attach Certification Information, NO complete line 5)
5) EPA Contractor Certification Number: NAT -

PROPERTY OWNER: _____ Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Contact Name: _____ Phone: _____

CONTRACTOR: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Contractor License No: _____ Contact Name: _____ Phone: _____

Email: _____

ARCHITECT: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Email: _____ Contact Name: _____ Phone: _____

TYPE OF WORK: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	<input type="checkbox"/> New Construction	<input type="checkbox"/> Deck	<input type="checkbox"/> Re-Roof
	<input type="checkbox"/> Change of Use	<input type="checkbox"/> Pool	<input type="checkbox"/> Re-Side
EST. VALUATION OF WORK \$ _____ Square feet: _____	<input type="checkbox"/> Finish Basement	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Fence _____
	<input type="checkbox"/> Remodel	<input type="checkbox"/> Porch	<input type="checkbox"/> Shed _____
Detailed Description of Work:	<input type="checkbox"/> Addition	<input type="checkbox"/> Demolition	<input type="checkbox"/> Window/Door Replacement # being replaced _____
	<input type="checkbox"/> Garage-Attached/Detach	<input type="checkbox"/> Plumbing-provide detail on Page 2	<input type="checkbox"/> Misc Other
	<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Mechanical-provide detail on Page 2	

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required and authorizes the Zoning Administrator or designee and the Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice. I hereby acknowledge that I have read this application and state that all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with approved plans, specifications and conditions and to abide by all ordinances of the Municipality and the laws of the State of Minnesota regarding actions taken pursuant to this permit. I agree to pay all plan review fees even if I choose not to proceed with the work. Permit expires when work is not commenced within 180 days from date of permit, or if work is suspended, abandoned, or not inspected for 180 days. Work beyond the scope of this permit, or work without a permit or inspection, will be subject to a penalty.

SIGNATURE OF APPLICANT: _____ DATE: _____

PRINTED NAME: _____ This is the signature of: Owner or Owner's Representative

OCCUP. TYPE: _____ CONST. TYPE: _____ CODE: _____ BLDG SPRINKLED Yes / No

VALUATION: \$ _____	Permit Fee: \$ _____	Sewer Hook-up: \$ _____
	Plan Review Fee: \$ _____	Water Hook-up: \$ _____
	State Surcharge: \$ _____	Other: \$ _____
	Site Inspection Fee: \$ _____	
	S.E.C. Fee: \$ _____	
	Investigation Fee / Other Fee: \$ _____	
	Copy Charge (\$.25 per 8.5 x11 page) \$ _____	TOTAL DUE: \$ _____
	License Check (\$5) / Lead Check (\$5) \$ _____	
	SUB-TOTAL \$ _____	
	Plumbing Fee (from Page 2) \$ _____	
	Mechanical Fee (from Page 2) \$ _____	

Special Conditions/Required Setbacks: _____

Building Approval By: _____ DATE: _____

Printed Building Approval By: _____ License Verification Lead Verification - Checked By:

City Approval By: _____ DATE: _____

Paid: _____ Date: _____ Receipt No. _____ By: _____

TO BE FILLED OUT BY APPLICANT - INCOMPLETE APPS MAY NOT BE PROCESSED

OFFICE USE ONLY

MECHANICAL INFORMATION

Mechanical Contractor:			Address:	
City:	State:	Zip:	Phone:	Fax:
State Bond No:			Contact Name:	
Email:			Contact Phone:	

Detailed Description of Work:

Indicate type of project, fixtures, and Gas Lines you will be installing or replacing (include count for each type of fixture):

<i>MECHANICAL FIXTURES</i>		<i>GAS LINES</i>	
<u>Quantity</u>	<u>Quantity</u>	<u>Quantity</u>	<u>Quantity</u>
_____ Furnace	_____ Kitchen Fan	_____ Furnace	_____
_____ Air Conditioning System	_____ Bath Fan	_____ Fireplace	_____
_____ Air Exchanger	_____ Grill	_____ Unit Heater	_____
_____ Fireplace	_____	_____ Water Heater	_____
_____ Unit Heater	_____	_____ Grill	_____
_____ In Floor Heat	_____	_____ Dryer	_____
_____ Gas Log	_____	_____ Stove	_____

<input type="checkbox"/> Replacement (one fixture only, no piping or vent changes) <input type="checkbox"/> Addition/Remodel <input type="checkbox"/> New Construction <input type="checkbox"/> Other _____	Office Use Only: Mechanical Permit Fee: \$ _____ Gas Line Permit Fee: \$ _____ State Surcharge: \$ _____ Other: \$ _____ Total Mechanical Permit: \$ _____
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PLUMBING INFORMATION

Plumbing Contractor:			Address:	
City:	State:	Zip:	Phone:	Fax:
Plumbers License No:			State Bond No:	
Contact Name:			Contact Phone:	
Email:				

Detailed Description of Work:

Indicate type of project and fixtures you will be installing or replacing (include count for each type of fixture):

<i>PLUMBING FIXTURES</i>		
<u>Quantity</u>	<u>Quantity</u>	<u>Quantity</u>
_____ Water Heater	_____ Shower	_____ Laundry Tub
<input type="checkbox"/> Gas <input type="checkbox"/> Electric	_____ Dishwasher	_____ Rough-In Future Fixture
_____ Water Softener	_____ Clothes Washer	_____ Sump
_____ Lawn Sprinkler System	_____ Ice Maker Line	_____ Water Piping System
_____ Water Closet (Toilet)	_____ Hose Bib	_____ Floor Drain
_____ Lavatory (Wash Basin)	_____ Bathtub	_____

<input type="checkbox"/> Replacement (one fixture only, no piping or vent changes) <input type="checkbox"/> Addition/Remodel <input type="checkbox"/> New Construction <input type="checkbox"/> Other _____	Office Use Only: Plumbing Permit Fee: \$ _____ State Surcharge \$ _____ Other: \$ _____ Total Plumbing Permit: \$ _____
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