

<b>CITY OF LAKELAND</b> 1190 St. Croix Trail South Lakeland, MN 55043 Phone: 651-436-4430	<b>MNSPECT</b> 235 First Street W Waconia, MN 55387 Phone: 952-442-7520	<b>PAGE 1</b> <input type="checkbox"/> Handout Given <input type="checkbox"/> Lead Handout Given	<b>BUILDING PERMIT</b> <hr/> Routed to MNSPECT <hr/>
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<b>SITE ADDRESS:</b> _____	<b>PID:</b> _____
1) Was the home constructed before 1978? ( <b>YES</b> <input type="checkbox"/> , continue with line 2, <b>NO</b> <input type="checkbox"/> 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? ( <b>YES</b> <input type="checkbox"/> go to line 4, <b>NO</b> <input type="checkbox"/> line 3) 3) Are there any windows being replaced? ( <b>YES</b> <input type="checkbox"/> , go to line 4, <b>NO</b> <input type="checkbox"/> continue without completing EPA Section) 4) Has this home been Certified Lead Free? ( <b>YES</b> <input type="checkbox"/> , you <b>MUST</b> Attach Certification Information, <b>NO</b> <input type="checkbox"/> complete line 5) 5) EPA Contractor Certification Number: <b>NAT</b> -	

<b>PROPERTY OWNER:</b>		Address:	
City:	State:	Zip:	Email:
Contact Name:		Phone:	

<b>CONTRACTOR:</b>		Address:	
City:	State:	Zip:	Phone: Fax:
Contractor License No:		Contact Name:	Phone:
Email:			

<b>ARCHITECT:</b>		Address:	
City:	State:	Zip:	Phone: Fax:
Email:		Contact Name:	Phone:

<b>TYPE OF WORK:</b>	<input type="checkbox"/> New Construction	<input type="checkbox"/> Porch	<input type="checkbox"/> Re-Roof
<input type="checkbox"/> Commercial <input type="checkbox"/> Residential	<input type="checkbox"/> Deck	<input type="checkbox"/> Demolition	<input type="checkbox"/> Re-Side
<b>EST. VALUATION OF WORK</b>	<input type="checkbox"/> Finish Basement	<input type="checkbox"/> Garage-Attached/Detach	<input type="checkbox"/> Fence _____
\$ _____	<input type="checkbox"/> Remodel	<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Window/Door Replacement
<b>Square feet:</b>	<input type="checkbox"/> Addition	<input type="checkbox"/> Misc Other	# being replaced _____
<b>Does this permit included all work planned at this time? Yes = this is comprehensive</b> <b>No = detail future plans</b>			<input type="checkbox"/> Plumbing-detail on Page 2 <input type="checkbox"/> Mechanical-detail on Page 2

<b>Detailed Description of Work:</b>

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.

<b>SIGNATURE OF APPLICANT:</b> _____	<b>DATE:</b> _____
<b>PRINTED NAME:</b> _____	<b>This is the signature of:</b> <input type="checkbox"/> Owner or <input type="checkbox"/> Owner's Representative

<b>OCCUP. TYPE:</b>	<b>CONST. TYPE:</b>	<b>CODE:</b>	<b>BLDG SPRINKLED</b>	<b>Yes / No</b>
<b>VALUATION: \$</b> _____				
Permit Fee: \$	_____	Sewer Hook-up: \$	_____	
Plan Review Fee: \$	_____	Water Hook-up: \$	_____	
State Surcharge: \$	_____		\$	_____
Site Inspection Fee: \$	_____		\$	_____
S.E.C. Fee: \$	_____		\$	_____
Investigation Fee / Other Fee: \$	_____		\$	_____
Copy Charge (\$.25 per 8.5 x11 page) \$	_____	<b>TOTAL DUE: \$</b>	_____	
License Check (\$5) / Lead Check (\$5) \$	_____			
<b>SUB-TOTAL \$</b>	_____			
Plumbing Fee (from Page 2) \$	_____			
Mechanical Fee (from Page 2) \$	_____			
<b>Special Conditions/Required Setbacks:</b>				
<b>Building Approval By:</b> _____			<b>DATE:</b> _____	
<b>Printed Building Approval By:</b> _____			<input type="checkbox"/> License Verification <input type="checkbox"/> Lead Verification - Checked By:	
<b>City Approval By:</b> _____			<b>DATE:</b> _____	
<b>Paid:</b> _____	<b>Date:</b> _____	<b>Receipt No.</b> _____	<b>By:</b> _____	

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

**OFFICE USE ONLY**