CITY OF LAKELAND SHORES 1190 St. Croix Trail South Lakeland, MN 55043 Phone: 651-436-4430	MNSPECT 235 First Street W Waconia, MN 55387 Phone: 952-442-7520	PAGE 1 ☐ **Handout Given** ☐ **Lead Handout Given**	**BUILDING PERMIT** _____ Routed to MNSPECT _____

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

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:	□ New Construction	□ Porch	□ Re-Roof
□ Commercial □ Residential	□ Deck	□ Demolition	□ Re-Side
EST. VALUATION OF WORK	□ Finish Basement	□ Garage-Attached/Detach	□ Fence _____
$ _____	□ Remodel	□ Accessory Structure	□ Window/Door Replacement
Square feet:	□ Addition	□ Misc Other	# being replaced _____

Is this the extent of project or will more related work be done in future? Yes = this is comprehensive
No = detail future plans

□ Plumbing-detail on Page 2
□ Mechanical-detail on Page 2

Detailed Description of Work:

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

OFFICE USE ONLY

OCCUP. TYPE: CONST. TYPE: CODE: BLDG SPRINKLED Yes / No
VALUATION: $

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)	$ _____	**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:

CITY OF LAKELAND SHORES

PAGE 2

☐ **MECHANICAL PERMIT** _____

☐ **PLUMBING PERMIT** _____

FOR PERMIT ISSUANCE
PAGE 1 and PAGE 2 should be complete

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):

MECHANICAL FIXTURES

Quanity		Quanity	
_____	Furnace	_____	Kitchen Fan
_____	Air Conditioning System	_____	Bath Fan
_____	Air Exchanger	_____	Grill
_____	Fireplace	_____	_____
_____	Unit Heater	_____	_____
_____	In Floor Heat	_____	_____
_____	Gas Log		

GAS LINES

Quanity			
_____	Furnace	_____	_____
_____	Fireplace	_____	_____
_____	Unit Heater	_____	_____
_____	Water Heater	_____	_____
_____	Grill		
_____	Dryer		
_____	Stove		

☐ Replacement (one fixture only, no piping or vent changes)
☐ Addition/Remodel
☐ New Construction
☐ Other _____

Office Use Only:

Mechanical Permit Fee: $ _____
Gas Line Permit Fee: $ _____
State Surcharge: $ _____
Other: $ _____
Total Mechanical Permit: $ _____

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):

PLUMBING FIXTURES

Quanity		Quanity		Quanity	
_____	Water Heater	_____	Shower	_____	Laundry Tub
☐ Gas	☐ 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	_____	_____

☐ Replacement (one fixture only, no piping or vent changes)
☐ Addition/Remodel
☐ New Construction
☐ Other _____

Office Use Only:

Plumbing Permit Fee: $ _____
State Surcharge $ _____
Other: $ _____
Total Plumbing Permit: $ _____