

CITY OF LAKELAND 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 <input type="checkbox"/> Handout Given <input type="checkbox"/> Lead Handout Given	BUILDING PERMIT <hr/> Routed to MNSPECT <hr/>
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SITE ADDRESS: _____	PID: _____
1) Was the home constructed before 1978? (YES <input type="checkbox"/> , continue with line 2, NO <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? (YES <input type="checkbox"/> go to line 4, NO <input type="checkbox"/> line 3) 3) Are there any windows being replaced? (YES <input type="checkbox"/> , go to line 4, NO <input type="checkbox"/> continue without completing EPA Section) 4) Has this home been Certified Lead Free? (YES <input type="checkbox"/> , you MUST Attach Certification Information, NO <input type="checkbox"/> 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"/> 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
EST. VALUATION OF WORK	<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
Square feet:	<input type="checkbox"/> Addition	<input type="checkbox"/> Misc Other	# being replaced _____
Does this permit included all work planned at this time? Yes = this is comprehensive No = detail future plans			<input type="checkbox"/> Plumbing-detail on Page 2 <input type="checkbox"/> 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: <input type="checkbox"/> Owner or <input type="checkbox"/> 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: _____ <input type="checkbox"/> License Verification <input type="checkbox"/> Lead Verification - Checked By: City Approval By: _____ DATE: _____ Paid: _____ Date: _____ Receipt No. _____ By: _____
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TO BE FILLED OUT BY APPLICANT - INCOMPLETE APPS MAY NOT BE PROCESSED

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		GAS LINES	
<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):

PLUMBING FIXTURES		
<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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