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 _____

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

Sewer Hook-up: $ _____
Water Hook-up: $ _____
Other: $ _____

TOTAL DUE: $ _____

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: