

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

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: Commercial Residential
 New Construction Porch Re-Roof
 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 Plumbing-detail on Page 2

No = detail future plans 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

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 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 _____	<p>Office Use Only:</p> 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 _____	<p>Office Use Only:</p> Plumbing Permit Fee: \$ _____ State Surcharge \$ _____ Other: \$ _____ Total Plumbing Permit: \$ _____
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