



**RESIDENTIAL BUILDING
PERMIT APPLICATION**
CITY OF LAKEVILLE
BUILDING INSPECTIONS DEPARTMENT
20195 HOLYOKE AVENUE
LAKEVILLE, MN 55044
952-985-4440
www.lakevillemn.gov

Office Use Only
Permit Number
Received By
Date Received
Fee Total

SITE ADDRESS: _____

MAILING ADDRESS: CITY: _____ STATE: _____ ZIP: _____

JOB DESCRIPTION: _____ MASTER PLAN: (Number or Address) _____

LIST OTHER STRUCTURES ON PROPERTY: _____

ESTIMATED VALUATION: _____ PROPOSED START DATE: _____ END DATE: _____

(New Residential Only): LEGAL DESCRIPTION: LOT: _____ BLOCK: _____ SUBDIVISION: _____

APPLICANT IS: RESIDENT OWNER CONTRACTOR EMAIL _____

NEW MODEL HOME: YES NO (IF YES – ADMINISTRATIVE PERMIT REQUIRED)

PLEASE FILL OUT THE FOLLOWING COMPLETELY (All Contractor information must be as listed on State License)

RESIDENT OWNER	NAME: _____ HOME PHONE #: _____ CELL PHONE: _____
GENERAL CONTRACTOR Homeowner Contractor	CONTRACTOR: _____ LICENSE #: BC _____ LEAD CERTIFICATE# _____ (PRE 1978 STRUCTURE) OFFICE PHONE #: _____ CELL PHONE: _____ ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
PLUMBING WORK Homeowner Contractor	CONTRACTOR: _____ LICENSE #: PM _____ OFFICE PHONE #: _____ CELL PHONE: _____ ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
MECHANICAL WORK Homeowner Contractor	CONTRACTOR: _____ OFFICE PHONE #: _____ CELL PHONE: _____ ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____ BOND #: _____ EXPIRATION DATE _____
SEWER/WATER CONTRACTOR New Construction Only	NAME: _____ HOME PHONE _____ CELL PHONE: _____ BOND #: _____ EXPIRATION DATE _____

INTEREST EARNINGS ON THE ESCROW ACCOUNTS, IF ANY, ARE RETAINED BY THE CITY TO OFFSET THE ADMINISTRATIVE COSTS ASSOCIATED WITH PROCESSING THE ESCROW APPLICATION AND REFUND. I HEREBY APPLY FOR A BUILDING PERMIT AND I ACKNOWLEDGE THAT THE INFORMATION ABOVE IS COMPLETE AND ACCURATE; THAT THE WORK WILL BE IN CONFORMANCE WITH THE ORDINANCES AND CODES OF THE CITY AND WITH THE STATE BUILDING CODE, THAT I UNDERSTAND THIS IS NOT A PERMIT AND WORK IS NOT TO START WITHOUT A PERMIT AND THAT THE WORK WILL BE IN ACCORDANCE WITH THE APPROVED PLAN.

NAME OF APPLICANT (Please Print) _____ DATE _____

APPLICANT'S SIGNATURE: _____

OFFICE USE ONLY

BUILDING PERMIT TYPE

- _____ SINGLE FAMILY DWELLING
- _____ DUPLEX
- _____ TOWNHOUSE UNITS
- _____ DETACHED TOWN HOUSE UNIT
- _____ CONDO
- _____ ACESSORY BUILDING
- _____ REROOF
- _____ RESIDE
- _____ RES ADDN/REPAIR/RMDL
- _____ DECK
- _____ PORCH
- _____ GARAGES
- _____ LOWER LEVEL FINISH
- _____ ADDITION
- _____ FOUNDATION ONLY
- _____ MISCELLANEOUS
- _____ DEMO
- _____ MOVED

REQUIRED INSPECTIONS

BUILDING

- _____ AS BUILT
- _____ BUILDING FINAL
- _____ DECK FOOTING
- _____ FIREPLACE
- _____ FOOTING
- _____ FOUNDATION
- _____ FRAMING
- _____ PORCH FRAMING
- _____ GARAGES
- _____ INSULATION
- _____ LATH
- _____ LOWER LEVEL FINAL
- _____ OTHER
- _____ PORCH FOOTING
- _____ POURED WALL
- _____ SEPTIC TANK REMOVAL
- _____ SITE

CITY BUILDING VALUATION: \$

BUILDING PERMIT FEES

_____ \$	PERMIT FEE
_____ \$	PLAN CHECK
_____ \$	SURCHARGE
_____ \$	METRO SAC
_____ \$	CITY WATER HOOKUP UNIT
_____ \$	CITY SEWER HOOKUP UNIT
_____ \$	LANDSCAPE ESCROW
_____ \$	TREE ESCROW
_____ \$	MISC ESCROW
_____ \$	PLUMBING
_____ \$	MECHANICAL
_____ \$	SEWER WATER
_____ \$	OTHER
_____ \$	TOTAL

MECHANICAL

- _____ AIR TEST
- _____ FINAL
- _____ ROUGH-IN

PLUMBING

- _____ FINAL
- _____ ROUGH-IN
- _____ METER SIZE
- _____ PRESSURE REDUCING VALVE

SEWER/WATER

- _____ SEWER/WATER
- _____ FINAL
- _____ STREET DRAINTILE

BUILDING INFORMATION

- _____ TYPE OF CONSTRUCTION
- _____ ZONING
- _____ CODE EDITION
- _____ FIRE SUPPRESSION SYSTEM
- _____ OCCUPANCY GROUP

APPROVED BY:

BUILDING INSPECTOR: _____

Date: _____

PLUMBING/MECHANICAL INSPECTOR: _____

Date: _____

COMMENTS:
