



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

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 <input type="checkbox"/> Homeowner <input type="checkbox"/> Contractor	CONTRACTOR: _____ LICENSE #: BC _____ LEAD CERTIFICATE# _____ (PRE 1978 STRUCTURE) OFFICE PHONE #: _____ CELL PHONE: _____ ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
PLUMBING WORK <input type="checkbox"/> Homeowner <input type="checkbox"/> Contractor	CONTRACTOR: _____ LICENSE #: PM _____ OFFICE PHONE #: _____ CELL PHONE: _____ ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
MECHANICAL WORK <input type="checkbox"/> Homeowner <input type="checkbox"/> Contractor	CONTRACTOR: _____ OFFICE PHONE #: _____ CELL PHONE: _____ ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____ BOND #: _____ EXPIRATION DATE _____
SEWER/WATER CONTRACTOR New Construction Only	NAME: _____ OFFICE PHONE #: _____ CELL PHONE: _____ BOND #: _____ EXPIRATION DATE _____

I HEREBY APPLY FOR PERMIT AND ACKNOWLEDGE THAT ALL INFORMATION ON THIS APPLICATION IS COMPLETE AND ACCURATE. THIS IS NOT A PERMIT AND WORK IS NOT TO COMMENCE UNTIL SUCH TIME A PERMIT IS ISSUED. ALL WORK WILL COMPLY WITH LAKEVILLE CITY CODE, THE MINNESOTA STATE BUILDING CODE, AND THE APPROVED PLANS. INTEREST EARNINGS ON ESCROW ACCOUNTS, IF ANY, WILL BE RETAINED BY THE CITY TO OFFSET THE ADMINISTRATIVE COSTS ASSOCIATED WITH PROCESSING THE ESCROW APPLICATION AND REFUND.

NAME OF APPLICANT (Please Print)* _____ DATE _____

***Entering your name affirms your intent to comply with the statement above.**

OFFICE USE ONLY

BUILDING PERMIT TYPE

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

REQUIRED INSPECTIONS

BUILDING

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

CITY BUILDING VALUATION: \$

MECHANICAL

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

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
- _____ \$ WATER METER
- _____ \$ PRESSURE REDUCING VALVE
- _____ \$ OTHER _____
- _____ \$ **TOTAL**

PLUMBING

- _____ FINAL
- _____ ROUGH-IN
- _____ UNDERGROUND
- _____ 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:
