



**RESIDENTIAL BUILDING  
PERMIT APPLICATION**  
CITY OF LAKEVILLE  
BUILDING INSPECTIONS DEPARTMENT  
20195 HOLYOKE AVENUE  
LAKEVILLE, MN 55044  
952-985-4440  
[www.ci.lakeville.mn.us](http://www.ci.lakeville.mn.us)

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) **ISD #** \_\_\_\_\_

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

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

**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:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_