



**BUILDING PERMIT APPLICATION
COMMERCIAL AND INDUSTRIAL
CONSTRUCTION**

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

www.lakevillemn.gov

Submit to: permits@lakevillemn.gov

Office Use Only

Permit Number

Received By

Date Received

Fee Total

JOB SITE ADDRESS: _____ **SUITE#** _____

SITE BUSINESS NAME: _____

LEGAL DESCRIPTION: LOT _____ **BLOCK** _____ **SUBDIVISION:** _____

APPLICANT: _____ **EMAIL:** _____

OFFICE PHONE: _____ **CELL PHONE:** _____ **FAX:** _____

STREET ADDRESS: _____ **CITY:** _____ **ST:** _____ **ZIP:** _____

CONTRACTOR: _____ **EMAIL:** _____

OFFICE PHONE: _____ **CELL PHONE:** _____ **FAX:** _____

STREET ADDRESS: _____ **CITY:** _____ **ST:** _____ **ZIP:** _____

ARCHITECT: _____ **LICENSE#:** _____

CIVIL ENGINEER: _____ **LICENSE#:** _____

STRUCTURAL ENGINEER: _____ **LICENSE#:** _____

MECHANICAL ENGINEER: _____ **LICENSE#:** _____

ELECTRICAL ENGINEER: _____ **LICENSE#:** _____

VALUATION OF WORK (excluding land): _____ **SQUARE FOOT** _____

IS BUILDING SPRINKLED? _____ **STANDPIPES?** _____

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) _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY

BUILDING PERMIT TYPE:

- _____ Apartment Building
- _____ Commercial Bldg – New
- _____ Commercial Bldg – Add/Remodel
- _____ Industrial Bldg – New
- _____ Industrial Bldg – Add/Remodel
- _____ Tax Exempt Bldg – Add/Remodel
- _____ Tax Exempt Bldg – New
- _____ Commercial Re-roof/Reside
- _____ Retaining Wall
- _____ Buildings Moved
- _____ Buildings Demolished
- _____ Footing/Foundation Only
- _____ Grading
- _____ Miscellaneous

CODE INFORMATION

- _____ IBC Occupancy Group
- _____ Type of Construction
- _____ Fire Suppression System
- _____ Zoning District
- _____ Code Edition

VALUATION: \$ _____

REQUIRED INSPECTIONS:

PERMIT FEES:

- PERMIT FEE: \$ _____
- PLAN CHECK \$ _____
- STATE SURCHARGE \$ _____
- M.C.E.S. SAC UNIT (____) \$ _____
- WATERMAIN UNIT (____) \$ _____
- SANITARY SEWER UNIT (____) \$ _____
- SANITARY SAC UNIT (____) \$ _____
- ESCROWS _____ \$ _____
- OTHER \$ _____

- _____ FOOTING
- _____ FOUNDATION
- _____ FRAMING
- _____ INSULATION
- _____ FIREPLACE
- _____ SITE
- _____ OTHER _____
- _____ BUILDING FINAL

TOTAL FEES: \$ _____

APPROVALS:

PLANNING or CED DIRECTOR: _____ **DATE:** _____

CITY ENGR or ASSIST CITY ENGR: _____ **DATE:** _____

FIRE MARSHAL: _____ **DATE:** _____

BUILDING OFFICIAL: _____ **DATE:** _____