



Lakeland Shores

15199 8th Street N, Stillwater, MN 55082
 Duane Stensland, Building Inspector
 Phone: 651-436-7669

PERMIT # _____

BUILDING PERMIT APPLICATION

DATE:	
SITE ADDRESS:	
OWNER	
<i>Owners Name</i>	
<i>Street Address</i>	
<i>City</i>	
<i>State</i>	<i>Zip</i>
<i>Phone</i>	
<i>Use of Building</i>	
CONTRACTOR	
<i>Company Name</i>	
<i>Applicants Name</i>	
<i>Address</i>	
<i>City</i>	
<i>State</i>	<i>Zip</i>
<i>Phone</i>	
<i>State License Number</i>	
CERTIFICATION	
<p>Separate permits are required for electrical and septic. This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. I hereby certify that I have read and examined this application and now the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.</p>	
<i>Applicant's Signature</i>	<i>Date</i>
<i>Inspector Signature</i>	<i>Date</i>

CLASS OF WORK		
New	Addition	Alter
Remove	Move	Repair
<i>Brief Description of Work:</i>		
<i>Valuation of Work:</i>		

New Construction Only Complete Below

LEGAL DESCRIPTION (New Construction)	
<i>Parcel ID #:</i>	
<i>Lot #:</i>	<i>Block:</i>
<i>Tract</i>	

BUILDING INFORMATION	
<i>Type of Construction</i>	<i>Occupancy Group/Division</i>
<i>No. of Stories</i>	<i>Max. Occupancy Load</i>
SQUARE FOOTAGE CALCULATIONS:	
<i>1st Floor:</i>	
<i>2nd Floor:</i>	
<i>Basement: Finished</i>	
<i>Unfinished:</i>	
<i>Garage:</i>	
<i>Additional Stories:</i>	
<i>Fire Sprinkler Required: _____ Yes _____ No</i>	
FOR OFFICE USE ONLY	
<i>Plan Review _____ Yes _____ No</i>	