



**BUILDING PERMIT APPLICATION
COMMERCIAL AND INDUSTRIAL
CONSTRUCTION**

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

Submit Application 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 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: _____ DATE: _____

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

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 \$ _____
- TOTAL FEES:** \$ _____

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

APPROVALS:

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

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

FIRE MARSHAL: _____ **DATE:** _____

BUILDING OFFICIAL: _____ **DATE:** _____