

Le Sauk Township

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Make payment to **Le Sauk Township** and Mail to:

Inspection Services of Central Minnesota, Inc.

P.O. Box 59, Little Falls, MN 56345

Date Submitted _____

Permit Number _____

Permit Issue Date _____

Building Permit Application

1. CONTRACTOR'S LICENSE NO: _____
2. SITE ADDRESS: _____
3. PARCEL NUMBER _____
4. APPLICANT E-MAIL ADDRESS _____
5. OWNER (NAME)(ADDRESS)(TEL. NO.) _____

6. ARCHITECT (NAME)(ADDRESS)(TEL. NO.) _____

7. BUILDER (NAME)(ADDRESS)(TEL. NO.) _____

8. LEAD CERTIFICATION: PRE 1978 HOME YES NO

HOME OWNER DOING WORK YES NO

CONTRACTOR LEAD CERTIFICATION NO. _____

9. TYPE OF WORK: FIREPLACE HEATING PLUMBING ROOFING

SIDING WINDOWS NEW CONSTRUCTION GARAGE FINISH

BASEMENT ALTERATIONS ADDITION PORCH MISC. _____

10. SIZE OF STRUCTURE: HEIGHT _____ WIDTH _____ DEPTH _____

11. ESTIMATED VALUE _____

DESCRIPTION OF WORK: _____

Minnesota State Building Code 1300.0210 subp. 4. states: that the person doing the work authorized by a permit shall notify the building official that the work is ready for inspection.

Minnesota State Building Code 1300.0120 Subp. 11. Expiration. Every permit issued shall become invalid unless the work authorized by the permit is commenced within 180 days after issuance, or if the work authorized by the permit is suspended or abandoned for a period of 180 days after the time the work is commenced.

I hereby certify that I have read and examined this application and know 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.

Signature of Applicant _____

Approved By Building Official _____

FEES

Permit Fee _____

Plan Check Fee _____

Penalty Fee _____

Plumbing Fee _____

Mechanical Fee _____

State Surcharge Fee _____

Other Fees _____

Total Fees _____

Fee Pd Check # _____

Receipt # _____

CODE ANALYSIS

Type of Construction _____

Use of Building _____

Occupancy Group _____

Occupant Load _____

Plans & Specs Sets _____

Survey Copies _____

Energy Calculations

FIRE SPRINKLER REQUIRED

Yes No

Plumbing Contractor

License Number _____

Phone Number _____

Mechanical Contractor

License Number _____

Phone Number _____

NOTES

All inspections shall be called in at least 24 hours in advance by the owner or the owner's agent: 320-532-3629



Inspection Services of Central Minnesota Inc.

White – Township Copy

Yellow – Building Official Copy

Pink – Applicant Copy