



# BUILDING Permit Application

**City of Long Lake**  
450 Virginia Avenue  
PO Box 606  
Long Lake, MN 55356

**City Hall Phone:** (952) 473-6961

OFFICE USE ONLY
<b>PERMIT #B</b> _____
<b>Date Issued</b> ____/____/____

*This Building Permit and the subsequent building inspections are not to be construed or relied upon as any type of warranty, guarantee, or representation on the part of the City that the plans, construction or finished product are necessarily in conformance with the provisions of the Minnesota State Building Code or other applicable construction standards. Further, the City assumes no responsibility or liability for damages of any nature allegedly arising out of the issuance of this Permit or subsequent inspections.*

### SITE INFORMATION

Site Address (INCLUDE SUITE #): \_\_\_\_\_ Property ID #: \_\_\_\_\_  
Legal Description: Lot \_\_\_\_\_, Block \_\_\_\_\_ Subdivision/Addition \_\_\_\_\_

### PERMIT REQUEST - INCOMPLETE APPLICATION WILL NOT BE ACCEPTED!

Owner Information	Contractor Information
Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone: _____	Phone: _____ License #: _____

<b>Project Information</b>	<b>TYPE OF WORK (✓ all that apply)</b> <input type="checkbox"/> New Construction <input type="checkbox"/> Finish Basement <input type="checkbox"/> Addition <input type="checkbox"/> Alterations <input type="checkbox"/> Re-roofing <input type="checkbox"/> Replace Windows <input type="checkbox"/> Replace Doors <input type="checkbox"/> Deck <input type="checkbox"/> Fencing <input type="checkbox"/> Shed Other: _____
	<b>DESCRIPTION OF WORK</b> Description of Work: _____
	<b>VALUATION OF WORK</b> (INCLUDES MATERIALS & LABOR): \$ _____ Estimated Completion Date: ____/____/____

**CERTIFICATION / ACKNOWLEDGEMENT** - This permit shall expire work authorized is not commenced within 180 days of the date of issuance or if work is suspended for a period of 180 days. Term of permit is 12 months from date of issue. This permit may be revoked at any time upon violation of any provisions of said code. I hereby agree that if a permit is granted all work which shall be done and all materials used will comply with the City Code of the City of Long Lake.

**APPLICANT SIGNATURE** \_\_\_\_\_ **APPLICANT IS:** \_\_\_Owner \_\_\_Contractor **DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

### OFFICE USE ONLY BELOW THIS LINE WHITE COPY - ORIGINAL / (5) COPIES TO: APPLICANT, BUILDING OFFICIAL, ASSESSOR, ACCOUNTING, PROPERTY FILE

**PERMIT FEES**

PERMIT FEE.....	\$ _____
PLAN CHECK FEE.....	\$ _____
STATE SURCHARGE.....	\$ _____
PENALTY (if applicable):.....	\$ _____
SAC CHARGE (____ UNITS).....	\$ _____
SAC CREDITS (____ UNITS).....	\$ _____
NET SACs (____ UNITS @ \$____).....	\$ _____
SEWER NEW MAIN LINE SERVICE TAP.....	\$ _____
WATER NEW MAIN LINE SERVICE TAP.....	\$ _____
SEWER ACCESS CHARGE.....	\$ _____
WATER ACCESS CHARGE.....	\$ _____
OTHER:.....	\$ _____
<b>TOTAL FEE:</b>	<b>\$ _____</b>

**Date Paid:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Cash / Check #:** \_\_\_\_\_

**CONDITIONS OF ISSUANCE**  
All work shall be done in accordance with the ordinances and building codes of the City of Long Lake.  
**DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Conditions of Issuance:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STAFF/BUILDING OFFICIAL** \_\_\_\_\_

**\*\* CALL METRO WEST INSPECTION SERVICES AT (763) 479-1720 TO SCHEDULE INSPECTIONS, 24-HR NOTICE REQUIRED \*\***

**LOC / BONDS**  
\$ \_\_\_\_\_ SITE IMPROVEMENT - LOC / BOND #: \_\_\_\_\_  
\$ \_\_\_\_\_ LANDSCAPE - LOC / BOND #: \_\_\_\_\_  
DATE LOC / BONDS POSTED AT CITY HALL: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SPECIAL APPROVAL**  
Zoning \_\_\_\_\_ -- Planning Case # \_\_\_\_\_  
Fire Department \_\_\_\_\_ Public Works Department \_\_\_\_\_  
Engineering \_\_\_\_\_ Other \_\_\_\_\_

### CODE ANALYSIS

Occupancy: \_\_\_\_\_ Type of Construction: \_\_\_\_\_  
Use of Building: \_\_\_\_\_ Occupancy Load: \_\_\_\_\_

**ZONING DISTRICT:** \_\_\_\_\_ **SETBACKS:** \_\_\_\_\_ Side Yard \_\_\_\_\_ Front Yard \_\_\_\_\_ Rear Yard \_\_\_\_\_

**BUILDING AREA:** \_\_\_ BUILDING OR \_\_\_ GARAGE AREA Existing \_\_\_\_\_ SQ FT New \_\_\_\_\_ SQ FT