



Building Permit Application

Appl # _____

10609 South Shore Dr • Medicine Lake, MN 55441

\$ _____

763-542-9701 • 763-509-5449 Inspection Scheduling

City of Medicine Lake

www.CityofMedicineLake.com • inspections@plymouthmn.gov

REV: 01/29/2020

PROPERTY INFORMATION					
SITE ADDRESS <u>OR</u> SUBDIVISION, LOT AND BLOCK			LOT _____	BLOCK _____	SUITE _____
DATE _____			PROPERTY OWNER / TENANT _____		
OR PROPERTY I.D. (PIN) NO. _____			PROPERTY OWNER / TENANT _____		
APPLICANT INFORMATION					
Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Tenant <input type="checkbox"/> Other			COMPANY NAME _____		
APPLICANT'S NAME _____			COMPANY ADDRESS _____		
EMAIL ADDRESS _____			CITY _____	STATE _____	ZIP _____
PHONE NUMBER _____			LEAD FIRM CERT # If constructed prior to 1978. If none see supplemental form		STATE LIC # _____
ARCHITECT / ENGINEER					
COMPANY NAME _____			CONTACT PERSON _____		
PHONE _____			FAX / E-MAIL _____		
USE TYPE			CONSTRUCTION CATEGORY		
<input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family <input type="checkbox"/> Residential			<input type="checkbox"/> Commercial <input type="checkbox"/> Other <input type="checkbox"/> Public		
<input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> New Construction			<input type="checkbox"/> Multi-Fam <input type="checkbox"/> Single Fam <input type="checkbox"/> Townhouse <input type="checkbox"/> Two Family		
DESCRIPTION OF WORK					
<input type="checkbox"/> Accessory Structure <input type="checkbox"/> Footing/Foundation <input type="checkbox"/> Replace/Repair		<input type="checkbox"/> Garage <input type="checkbox"/> Shed <input type="checkbox"/> Pool <input type="checkbox"/> Moving			
<input type="checkbox"/> Deck <input type="checkbox"/> Other <input type="checkbox"/> Windows		DETAILED DESCRIPTION OF WORK: _____			
<input type="checkbox"/> Demolition <input type="checkbox"/> Reroof <input type="checkbox"/> Reside		_____			
		Project Valuation \$ _____			
BUILDING INFORMATION					
Proposed sq ft: _____		Number of dwelling units: _____		Sprinkled per NFPA _____	
Applicant: Please read and sign below					
I hereby certify that I have read and examined this document and know the same to be true and correct. I understand and agree that the work for which the permit is issued shall be performed according to the State Building Code and applicable city approvals, ordinances and codes. I further certify that I am the owner or the owner's authorized agent and that the proposed work is authorized by the owner. I understand that the work shall not begin until permit is issued, that I am responsible for calling for all required inspections, that work shall be accessible for the inspection, that a final inspection approval and Certificate of Occupancy are required prior to occupying the building. This permit shall become invalid unless the work authorized is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days.					
Separate permits are required for Plumbing, Mechanical and Electrical work					
APPLICANT'S SIGNATURE _____				DATE _____	
OFFICE USE ONLY					
Permit remarks: _____				PERMIT FEE: \$ _____	
				PLAN CHECK FEE: _____	
				SURCHARGE: _____	
				MCES SAC: _____	
				SREC: _____	
				WREC: _____	
				OTHER: _____	
				REDUCED PLAN CHECK: _____	
				TOTAL FEE: \$ _____	
CODE EDITION	<input type="checkbox"/> Footing <input type="checkbox"/> Lath <input type="checkbox"/> Special Insp. Rep.	A FILE # _____			
	<input type="checkbox"/> Foundation <input type="checkbox"/> Fire Assembly <input type="checkbox"/> Erosion Control				
CONST. TYPE	<input type="checkbox"/> Pre Backfill <input type="checkbox"/> As-Built Survey <input type="checkbox"/> Henn. Co Health	TREE DEPOSIT ONE _____ TWO _____			
	<input type="checkbox"/> Slab <input type="checkbox"/> Final <input type="checkbox"/> Tree Pres.	TOTAL: _____			
OCCUPANCY/GROUP	<input type="checkbox"/> Framing <input type="checkbox"/> Other	PLANNING SIGNATURE: _____			
	<input type="checkbox"/> Insulation				
BUILDING SIGNATURE / DATE _____		Other Reviews or N/A _____			
		MCES SAC _____			
		Fire Division _____		DATE: _____	
		Planning Division _____			