

Le Sauk Township

Date Submitted ___ Permit Number ___ Permit Issue Date _

www.lesauktwsp@clearwire.net or david@insp-services.com

Make payment to Le Sauk Township and **mail to:** Inspection Services of Central Minnesota, Inc., 9621 Hillton Road, Little Falls, MN 56345

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.) _____

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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 NEW CONSTRUCTION GARAGE FINISH BASEMENT
 ALTERATIONS ADDITION SEPTIC 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 _____

Approved by Zoning _____

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