

CITY OF LESTER PRAIRIE
37 Juniper Street N - PO BOX 66
Lester Prairie, MN 55354
Phone: 320-395-2646

PAGE 1

BUILDING PERMIT

☐ Handout Given

☐ Lead Handout Given

SITE ADDRESS: _____ PID: _____

- 1) Was the home constructed before 1978? (YES ☐ , continue with question 2, NO ☐ continue without completing EPA Section)
2) Will the work disturb ≥ 6 sq ft of interior painted surfaces or ≥ 20 sq ft of exterior painted surfaces? (YES ☐ go to line 4, NO ☐ line 3)
3) Are there any windows being replaced? (YES ☐ , go to line 4, NO ☐ continue without completing EPA Section)
4) Has this home been Certified Lead Free? (YES ☐ , you MUST Attach Certification Information, NO ☐ go to line 5)
5) EPA Contractor Certification Number: NAT -

PROPERTY OWNER:		Address:		
City:	State:	Zip:	Email:	
Contact Name:		Phone:		
CONTRACTOR:		Address:		
City:	State:	Zip:	Phone:	Fax:
Contractor License No:		Contact Name:	Phone:	
Email:				
ARCHITECT:		Address:		
City:	State:	Zip:	Phone:	Fax:
Email:		Contact Name:	Phone:	
TYPE OF WORK:				
<input type="checkbox"/> Commercial <input type="checkbox"/> Residential				
EST. VALUATION OF WORK				
\$ _____				
Square feet:				
Detailed Description of Work:				
<input type="checkbox"/> New Construction		<input type="checkbox"/> Deck		
<input type="checkbox"/> Change of Use		<input type="checkbox"/> Pool		
<input type="checkbox"/> Finish Basement		<input type="checkbox"/> Retaining Wall		
<input type="checkbox"/> Remodel		<input type="checkbox"/> Porch		
<input type="checkbox"/> Addition		<input type="checkbox"/> Demolition		
<input type="checkbox"/> Garage-Attached/Detach		<input type="checkbox"/> Plumbing-provide detail on Page 2		
<input type="checkbox"/> Accessory Structure		<input type="checkbox"/> Mechanical-provide detail on Page 2		
		<input type="checkbox"/> Re-Roof		
		<input type="checkbox"/> Re-Side		
		<input type="checkbox"/> Fence $\leq 7'$ $> 7'$		
		<input type="checkbox"/> Shed (≤ 200 sq ft)		
		<input type="checkbox"/> Window/Door Replacement		
		# being replaced _____		
		<input type="checkbox"/> Misc Other		

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required and authorizes the Zoning Administrator or designee and the Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice. I hereby acknowledge that I have read this application and state that all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with approved plans, specifications and conditions and to abide by all ordinances of the Municipality and the laws of the State of Minnesota regarding actions taken pursuant to this permit. I agree to pay all plan review fees even if I choose not to proceed with the work. Permit expires when work is not commenced within 180 days from date of permit, or if work is suspended, abandoned, or not inspected for 180 days. Work beyond the scope of this permit, or work without a permit or inspection, will be subject to a penalty.

SIGNATURE OF APPLICANT: _____ DATE: _____

PRINTED NAME: _____ This is the signature of: ☐ Owner or ☐ Owner's Representative

OCCUP. TYPE: _____ CONST. TYPE: _____ CODE: _____ BLDG SPRINKLED Yes / No

VALUATION: \$ _____

Permit Fee: \$ _____	Plumbing Fee (from Page 2) \$ _____
Plan Review Fee: \$ _____	Mechanical Fee (from Page 2) \$ _____
State Surcharge: \$ _____	
Site Inspection Fee: \$ _____	Park Dedication: \$ _____
S.E.C. Fee: \$ _____	Sewer Hook-Up: \$ _____
Sewer & Water \$ _____	Water Hook-Up: \$ _____
Investigation fee / Other Fee: \$ _____	Water Meter: \$ _____
Copy Charge (\$.25 per 8.5 x11 page) \$ _____	Other: \$ _____
License Check (\$5) / Lead Check (\$5) \$ _____	
SUB-TOTAL \$ _____	TOTAL DUE: \$ _____

Special Conditions/Required Setbacks: _____

Building Approval By: _____ DATE: _____

Printed Building Approval By: _____ ☐ License Verification ☐ Lead Verification - Checked By: _____

City Approval By: _____ DATE: _____

Paid: _____ Date: _____ Receipt No. _____ By: _____

TO BE FILLED OUT BY APPLICANT - INCOMPLETE APPS MAY NOT BE PROCESSED

OFFICE USE ONLY

CITY OF LESTER PRAIRIE

☐ MECHANICAL PERMIT _____

PAGE 2

☐ PLUMBING PERMIT _____

FOR PERMIT ISSUANCE

PAGE 1 and PAGE 2 should be complete

MECHANICAL INFORMATION

Mechanical Contractor:			Address:	
City:	State:	Zip:	Phone:	Fax:
State Bond No:			Contact Name:	
Email:			Contact Phone:	

Detailed Description of Work:

Indicate type of project, fixtures, and Gas Lines you will be installing or replacing (include count for each type of fixture):

MECHANICAL FIXTURES

<u>Quantity</u>	<u>Quantity</u>
_____ Furnace	_____ Kitchen Fan
_____ Air Conditioning System	_____ Bath Fan
_____ Air Exchanger	_____ Grill
_____ Fireplace	_____
_____ Unit Heater	_____
_____ In Floor Heat	_____
_____ Gas Log	_____

GAS LINES

<u>Quantity</u>	<u>Quantity</u>
_____ Furnace	_____
_____ Fireplace	_____
_____ Unit Heater	_____
_____ Water Heater	_____
_____ Grill	_____
_____ Dryer	_____
_____ Stove	_____

- ☐ Replacement (one fixture only, no piping or vent changes)
☐ Addition/Remodel
☐ New Construction
☐ Other _____

Office Use Only:

Mechanical Permit Fee: \$ _____
 Gas Line Permit Fee: \$ _____
 State Surcharge: \$ _____
 Other: \$ _____
Total Mechanical Permit: \$ _____

PLUMBING INFORMATION

Plumbing Contractor:			Address:	
City:	State:	Zip:	Phone:	Fax:
Plumbers License No:			State Bond No:	
Contact Name:			Contact Phone:	

Email:**Detailed Description of Work:**

Indicate type of project and fixtures you will be installing or replacing (include count for each type of fixture):

PLUMBING FIXTURES

<u>Quantity</u>	<u>Quantity</u>
_____ Water Heater	_____ Shower
<input type="checkbox"/> Gas <input type="checkbox"/> Electric	_____ Dishwasher
_____ Water Softener	_____ Clothes Washer
_____ Lawn Sprinkler System	_____ Ice Maker Line
_____ Water Closet (Toilet)	_____ Hose Bib
_____ Lavatory (Wash Basin)	_____ Bathtub

<u>Quantity</u>
_____ Laundry Tub
_____ Rough-In Future Fixture
_____ Sump
_____ Water Piping System
_____ Floor Drain

- ☐ Replacement (one fixture only, no piping or vent changes)
☐ Addition/Remodel
☐ New Construction
☐ Other _____

Office Use Only:

Plumbing Permit Fee: \$ _____
 State Surcharge \$ _____
 Other: \$ _____
Total Plumbing Permit: \$ _____