



Building Permit Application

Required Submittal Information

1. Site plan including distances from other structures, property lines, public streets, easements, and septic tanks.
2. Drawings with specifications of the type of structure.
3. Other information may be required depending on the scope of work.

Site Address: _____

Parcel ID: _____

Applicant (select one): Property Owner Contractor/Professional Other: _____

Scope of Work

Describe project in detail:

Property Owner

Full Name: _____ Phone: _____

Email: _____

Address: _____

General Contractors/Professionals

Company Name: _____ Phone: _____

Contact Name: _____ State License Number: _____

Address: _____

Company Name: _____ Phone: _____

Contact Name: _____ State License Number: _____

Address: _____

Architect/Designer/Engineer

Company Name: _____ Phone: _____

Contact Name: _____

Address: _____

Project Descriptions	
Residential (new)	Commercial (new)
<input type="checkbox"/> Footing/Foundation <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <ul style="list-style-type: none"> <input type="radio"/> Duplex <input type="radio"/> Townhome <input type="radio"/> Condo <input type="checkbox"/> Multi-Family (3+ units) <input type="checkbox"/> Garage slab only <input type="checkbox"/> Garage <ul style="list-style-type: none"> Number of Vehicle Stalls: _____ <input type="radio"/> Attached <input type="radio"/> Detached Dimensions: _____ Height: _____ Valuation: _____	<input type="checkbox"/> Footing/Foundation <input type="checkbox"/> Church/Religious <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Industrial/Warehouse <input type="checkbox"/> Office/Bank <input type="checkbox"/> Parking Garage <input type="checkbox"/> Public Works/Utilities <input type="checkbox"/> Recreational <input type="checkbox"/> School/Educational <input type="checkbox"/> Service/Repair Station <input type="checkbox"/> Retail/Customer Services <input type="checkbox"/> Other: _____ Dimensions: _____ Height: _____ Valuation: _____
Residential (existing)	Commercial (existing)
<input type="checkbox"/> Footing/Foundation <input type="checkbox"/> Deck <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Garage Addition <ul style="list-style-type: none"> Number of Vehicle Stalls: _____ <input type="checkbox"/> Demolition <input type="checkbox"/> Re-Side <input type="checkbox"/> Re-roof <input type="checkbox"/> Windows/Door Replacement <input type="checkbox"/> Retaining Wall Dimensions: _____ Height: _____ Valuation: _____	<input type="checkbox"/> Footing/Foundation <input type="checkbox"/> Addition <input type="checkbox"/> Alterations <input type="checkbox"/> Re-roof <input type="checkbox"/> Windows/Door Replacement <input type="checkbox"/> Demolition Dimensions: _____ Height: _____ Valuation: _____ Fire Sprinkler <input type="checkbox"/> Stand-alone <input type="checkbox"/> Multiple Use Size of Structure _____ Certification Number _____
Miscellaneous	
<input type="checkbox"/> Nonresidential building (accessory structure) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Structures other than buildings (fences, pools, retaining walls, carport)

Disclaimer and Signature

I hereby apply for a building/zoning permit, and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances of the City of Lanesboro and with Minnesota Building Codes; that I understand this is not a permit, but only an application for a permit, and work is not to start without a permit; and that the work will be in accordance with the approved plan in the case of work which requires a review and approval of plans.

Applicant Signature: _____ Date: _____

Zoning Review

Application Fee: _____
Zoning District: _____ Site Plan: _____ Acres: _____
Required Setbacks: Front _____ Side _____ Rear _____ Side Street _____

Comments:

Zoning Administrator: _____ Date: _____