Building Permit

City of Long Lake
450 Virginia Avenue, PO Box 606
Long Lake, MN 55356
Phone / 952.473.6961

Permit #B_____

OFFICE STAFF
PLACE SIGNED ORIGINIAL IN PERMIT FOLDER

COPIES TO:
APPLICANT, BUILDING OFFICIAL, ACCOUNTING, PROPERTY FILE

FOR OFFICE USE ONLY
Amount Due: $_____
Date Paid: _____
[ ] Check #_____
[ ] Cash Receipt #_____
LOC / Bond(s) Required?
[ ] Yes [ ] No
Date Posted: _____

X Building Official / Staff Signature _____ **Date Issued** _____

COMMENTS _____

Special Approval [ ] Planning / Zoning – Planning Case No. _____ [ ] Fire Department – Staff Initials _____
[ ] Engineering – Staff Initials _____ [ ] Public Works Department – Staff Initials _____

**** PERMIT HOLDER: TO SCHEDULE INSPECTIONS, PLEASE CALL METRO WEST INSPECTION SERVICES AT 763.479.1720 ****

Site Information

Site Address (INCLUDE SUITE #)_____ Property ID #_____

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 #_____

Project Information

PROJECT VALUATION **$**_____ Estimated Completion Date _____

COMPLETE Description of Work _____

_____

_____

NOTE: If permit request is for any new construction, an addition, deck/fencing, or any alteration involving a structural modification, **PLEASE SUBMIT (2) COPIES OF DETAILED PLANS** along with this completed application form.

SAC Determination (MCES)

Has a SAC determination been completed? [ ] Yes [ ] No [ ] N/A (Existing Residential Only)

If "No", refer to Service Availability Charge handout for more information. Copy of SAC determination letter must be submitted prior to Building Permit issuance.

Certification / Acknowledgement – A Certificate of Occupancy must be requested and issued prior to use or occupancy of work permitted. Work must be inspected before it is covered, 24 hours notice is required. This permit shall be void if the 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 for due cause or violation of any Federal, State or local law. Applicant agrees that if a permit is granted, all work and materials used shall comply with the City Code of Long Lake.

X Applicant Signature _____ **Applicant Is**: [ ] Owner [ ] Contractor **Date** _____

Permit Fee Calculation

Standard Permit Fees		SAC & Sewer / Water Charges (IF APPLICABLE)	
Permit Fee	$_____	MCES SAC Charge - ___ Units / SAC Credits - ___ Units	
Plan Check Fee	$_____	Net SACs - ___ Units @ $_____ =	$_____
State Surcharge	$_____	Sewer New Main Line Service Tap	$_____
Penalty	$_____	Water New Main Line Service Tap	$_____
Other (DESCRIBE BELOW)	$_____	Sewer Access Charge	$_____
_____		Water Access Charge	$_____
TOTAL DUE	$_____	**TOTAL DUE**	$_____

Code Analysis

Occupancy _____ Type of Construction _____ Occupancy Load _____
Use of Building _____ Building Area: Existing _____SQ FT New _____SQ FT