



# Building Permit

CITY OF LONG LAKE  
450 Virginia Avenue, PO Box 606  
Long Lake, MN 55356  
Phone / 952.473.6961

Permit #B \_\_\_\_\_

PERMIT APPLICATIONS MAY BE  
EMAILED TO:  
jmoeller@longlakemn.gov

ATTENTION CITY STAFF  
PLACE SIGNED ORIGINAL IN PERMIT FOLDER

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

## FOR OFFICE USE ONLY

Amount Due = \$ \_\_\_\_\_  
Date Paid: \_\_\_\_\_  
[ ] Check # \_\_\_\_\_  
[ ] Credit Card \_\_\_\_\_  
[ ] 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 – Completion in Full is Required

Owner Information ** REQUIRED **	Contractor Information ** REQUIRED **
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. Electronic copies may also be required to be emailed for review.	

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.
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**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 – FOR OFFICE USE ONLY

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 \$ _____
TOTAL DUE \$ _____	Water Access Charge \$ _____
	TOTAL DUE \$ _____

### Code Analysis – For Office Use Only

Occupancy \_\_\_\_\_ Type of Construction \_\_\_\_\_ Occupancy Load \_\_\_\_\_  
Use of Building \_\_\_\_\_ Building Area: Existing \_\_\_\_\_ SQ FT New \_\_\_\_\_ SQ FT