

# Le Sauk Township

[lesauktownship@gmail.com](mailto:lesauktownship@gmail.com) or [david@insp-services.com](mailto:david@insp-services.com)

Make payment to Le Sauk Township and  
mail to: Inspection Services of Central Minnesota, Inc.,  
P.O. Box 59, Little Falls, MN 56345

Date Submitted \_\_\_\_\_

Permit Number \_\_\_\_\_

Permit Issue Date \_\_\_\_\_

## 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.) \_\_\_\_\_

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  WINDOWS  NEW CONSTRUCTION  GARAGE  FINISH

BASEMENT  ALTERATIONS  ADDITION  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 \_\_\_\_\_

### 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