

BUILDING PERMIT APPLICATION FOR CITY OF LEXINGTON

City of Lexington
9180 Lexington Ave
Lexington, MN 55014

Main Office: (763) 784-2792 Permit# _____
Fax Number: (763)785-8951
Scott Jensen Building Inspector

Project Address	Street	City	State/Zip	Property Identification Number
Applicant Name	Street	City	State/Zip	Applicant Phone Number
Owner Name	Street	City	State /Zip	Phone
Contractor's Name	Street	City	State	Zip
Contractor's State License Number (required)	Expiration Date		Phone	
Brief Project Description				Completed Value (includes labor and materials)

PROJECT INFORMATION

<u>Permit Type</u>	<u>Project Proposed Use</u>	<u>Type of Construction</u>	<u>Zoning District</u>	
<input type="checkbox"/> Building <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Agricultural <input type="checkbox"/> Industrial <input type="checkbox"/> Townhouse <input type="checkbox"/> Public	<input type="checkbox"/> Accessory Building <input type="checkbox"/> Addition <input type="checkbox"/> Interior Remodel <input type="checkbox"/> Deck/Porch <input type="checkbox"/> Foundation Only <input type="checkbox"/> Siding <input type="checkbox"/> Roofing <input type="checkbox"/> Window Replacement <input type="checkbox"/> Furnace	<input type="checkbox"/> Repair <input type="checkbox"/> Sprinkler Installation <input type="checkbox"/> Sprinkler Maint/Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Fireplace <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Fence/Wall <input type="checkbox"/> Above Ground Pool <input type="checkbox"/> In Ground Pool	<input type="checkbox"/> B-1 <input type="checkbox"/> B-2 <input type="checkbox"/> B-4 <input type="checkbox"/> M-1 <input type="checkbox"/> M-2 <input type="checkbox"/> OS <input type="checkbox"/> R-1 <input type="checkbox"/> R-2
<input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> R-5				

Notice: Separate permits are required for plumbing, heating, fireplace installation, electrical work and installation of the septic system. The permit shall become null and void unless the work or construction authorized by the permit is not commenced within 180 days after its 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 provision of any other State or Local law regulating construction or the performance of construction. This building permit may be suspended or revoked if the permit has been issued in error or on the basis of incorrect information supplied or in violation of any ordinance or regulation of City of Lexington. All permit fees and other costs to review the application that are incurred by the City for professional consultants, will be paid prior to issuance of the Building Permit. Interest will not be paid out on escrow dollars and any interest earned on the account will go into the general account for administration fees.

Signature of Applicant (Owner or Contractor) _____

Date _____

Make check payable to City of Lexington

Building Permit Approval

By: _____ Date _____
Building Official