BUILDING PERMIT APPLICATION

City of Lino Lakes
600 Town Center Parkway
Lino Lakes, Minnesota 55014-118
Building Department: 651-982-2420
Fax: 651-982-2499
building@linolakes.us

Job Site Address: _____ **Suite #:** _____

Lot _____ **Block** _____ **Subdivision** _____

Total Project Valuation: $ _____ **The Applicant is:** ☐ **Owner** ☐ **Contractor**

PROPERTY OWNER	**Name** _____ **Daytime Phone (** **)** _____ **Address** _____ **Suite #** _____ **City** _____ **State** _____ **Zip** _____ **E-mail** _____
CONTRACTOR	**Name** _____ **Daytime Phone (** **)** _____ **Address** _____ **Suite #** _____ **City** _____ **State** _____ **Zip** _____ **State or City of Lino Lakes License #** _____ **E-mail** _____ **Lead Certification #** _____ **Existing Structure Built Prior to 1978?** ☐ **Yes** ☐ **No**

PROPERTY TYPE	CONSTRUCTION TYPE	TO BE SUBMITTED*
☐ Agricultural ☐ Commercial* ☐ Industrial* ☐ Institutional* ☐ Manufactured Home ☐ Single Family ☐ Townhome *Planner Review Required	☐ Addition ☐ Accessory Structure Over 200 Sq. Ft. Number of Existing Structure_____ Total Square Feet _____ ☐ Retaining Wall > 48” ☐ Basement Finish ☐ Remodel ☐ Deck ☐ Replacement Door and/or ☐ Demolition Window ☐ Fence-Over 6’ in height Total # _____ ☐ Fire Suppression/Fire Alarm U Value: _____ ☐ Move-in Building ☐ Roofing** ☐ New Construction*** ☐ Siding** ☐ Swimming Pool – Above Ground ☐ In Ground ☐ ☐ Other _____ **No review required for Single Family, Townhome or Manufactured Home *** Environmental Review Required for New Construction	(TWO COPIES EACH) ☐ Blue Prints ☐ Certificate of Survey/Site Plan ☐ Energy Calculations ☐ Sub-Contractor’s List ☐ Tree Preservation Plan (If applicable) Curb Stop in Driveway? ☐ Yes ☐ No Will basement in new home be finished? ☐ Yes ☐ No * Applications will be reviewed after all required items are submitted

I hereby apply for a building permit and I acknowledge that the information above is complete. I understand this is not a permit and work is not to start without a permit.

_____ _____

Applicant Signature Date

OFFICE USE ONLY

BASEMENT _____X_____=_____ PORCH _____X_____=_____

FINISHED BASEMENT _____X_____=_____ DECK _____X_____= _____

MAIN LEVEL _____X_____=_____ GARAGE _____X_____=_____

UPPER LEVEL _____X_____=_____ OTHER _____X_____=_____

FIREPLACE _____X_____=_____ **TOTAL VALUATION $**_____

TYPE OF CONSTRUCTION_____ OCCUPENCY GROUP _____

……

TOTAL AMOUNT DUE $ _____

ENVIRONMENTAL COORDINATOR APPROVAL: _____ DATE: _____

PLANNING APPROVAL: _____ DATE: _____

BUILDING APPROVAL: _____ DATE: _____

PERMIT # _____

OFFICE USE ONLY

SERVICE PROVIDED	NUMBER OF UNITS	COST	SERVICE PROVIDED	NUMBER OF UNITS	COST PER UNIT
SANITARY SEWER TRUNK			MET COUNCIL SAC		
SANITARY SEWER LATERAL (FRONT FOOTAGE)			SEWER INSPECTION		
SANITARY SEWER AVAILABILITY (CITY SAC)			WATER INSPECTION		
WATER MAIN TRUNK			WATER METER (3/4”), MXU & TAX		
WATER MAIN LATERAL (FRONT FOOTAGE)			CHANGE OVER		
WATER MAIN AVAILABILITY (CITY WAC)			SWU IMPERVIOUS (ACRES)		
SURFACE WATER MGMT FEE			SWU CREDIT APPROVED (%)		
*TOTAL			SWU ADJUSTED (ACRES)		

……

PAYMENT METHOD:_____ *ASSESS TO TAXES:_____ CITY ENGINEER:_____ DATE:_____

TOTAL AMOUNT DUE $ _____

BUILDING APPROVAL: _____ DATE: _____

PERMIT # _____

*If assessed, a petition and waiver agreement is required.