

Date Received: \_\_\_\_\_  
Received By: \_\_\_\_\_  
Permit #: \_\_\_\_\_



Building Department  
3880 Laverne Avenue North, Lake Elmo, MN 55042 www.lakeelmo.org  
Tel: 651-747-3918

## **MECHANICAL PERMIT APPLICATION**

Project Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

The Applicant is: Owner: \_\_\_\_\_ Contractor: \_\_\_\_\_

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact Name \_\_\_\_\_

Type of Work: (check one) Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_

Other (Describe): \_\_\_\_\_

Description of Work Covered by this Permit: \_\_\_\_\_

\_\_\_\_\_

Number of Fixtures: \_\_\_\_\_

Estimated Completion Date: \_\_\_\_\_ Value of Proposed Work: \_\_\_\_\_

Applicant Name (Please Print) \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction work is suspended or abandoned for a period of 180 days at any time after work has commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of the 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.

### **City Use Only**

Application Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_