

# BUILDING PERMIT APPLICATION

City of St. Mary's Point  
16491 St. Mary's Dr.  
Lakeland, MN 55043

City Hall: 651-436-1099

Building Official/Inspections: 651-436-7669

No. \_\_\_\_\_

Project Address (if known)	Street	City	State	Zip	
Legal Description and Parcel Identification Number			P.I.D.		
Owner Name	Street	City	State	Zip	Phone
Contractor Name	Street	City	State	Zip	
Contractor's State License Number (If Required)		Expiration Date		Phone	
Use of Building			Completed Valuation (Include Labor and Materials)		
Class of Work:    ___ New    ___ Add    ___ Alter    ___ Repair    ___ Repair    ___ Move    ___ Demolish    ___ Remodel					
Total Building Area:	Bsmt.	1st	2nd	No. of Bathrooms	
	Garage	Open Porch	Deck(s)	Crawlspace	
Describe Work:					
<p><b>NOTICE:</b>    Separate permits are required for electrical works and installation of septic systems. The permit will become null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. Permit is valid for 1 year, all work must be complete within 1 year unless extension is applied for and approved.</p> <p>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. This building permit may be suspended or revoked if the permit has been issued in error or on the basis of incorrect or insufficient information or in violation of any ordinance or regulation of the City of St. Mary's Point.</p>					

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

**Fees due and payable to: City of St. Mary's Point**

Building Permit	\$ _____
Inspection Fee	\$ _____
Surcharge	\$ _____
Park Fee	\$ _____
Plumbing	\$ _____
HVAC	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>

## Building Permit Approval

by: \_\_\_\_\_ Date: \_\_\_\_\_

Building Official

<b>Check only made out to City of St. Mary's Point.</b>	Date Paid	_____
<b>Send to:</b>	Amount	_____
<b>Stensland Inspections</b>	Check #	_____
PO Box 126	Recvd. by	_____
Lakeland, MN 55043		

StenslandInspections@gmail.com