

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>NOTICE: 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 \$ _____

TOTAL: \$ _____

Building Permit Approval	
by: _____	Date: _____
Building Official	

Check only made out to City
of St. Mary's Point.

Date Paid _____

Amount _____

Send to:
Stensland Inspections
PO Box 126
Lakeland, MN 55043

Check # _____

Recvd. by _____

StenslandInspections@gmail.com