


WEST LAKELAND TOWNSHIP
BUILDING PERMIT APPLICATION

Mail application and payment (checks only) to:

West Lakeland Township
 P.O. Box 126
 Lakeland, MN 55043

Isaac Stensland, Building Inspector
Phone 651-436-7669
Stenslandinspections@gmail.com

OFFICE USE ONLY:

Permit Number: _____

Date Issued: _____

Check Number: _____

Total Permit Fee: _____

DATE:

SITE ADDRESS:

OWNER	
Owners Name	
Street Address	
City	
State	Zip
Phone	
Use of Building	

CONTRACTOR	
Company Name	
Applicants Name	
Address	
City	
State	Zip
Phone	
State License Number	
Email:	

CERTIFICATION

Separate permits are required for electrical and septic. This permit becomes 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 anytime after work is commenced. I hereby certify that I have read and examined this application and now 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.

Applicant's Signature

Date

Inspector Signature

Date

Class of Work		
New	Addition	Alter
Remove	Move	Repair
Brief Description of Work:		
Valuation of Work:		

New Construction Only
Complete Below

LEGAL DESCRIPTION(New Construction)	
Parcel I.D. No.	
Lot No.	Block
Tract	

BUILDING INFORMATION

Type of Construction	Occupancy Group/Division
SQUARE FOOTAGE CALCULATIONS	
1st floor:	
2nd floor:	
Basement: Finished:	
Unfinished:	
Garage:	
Additional Stories:	