

# **WEST LAKELAND TOWNSHIP** **MECHANICAL 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: \_\_\_\_\_

-----**APPLICANT COMPLETE INFORMATION BELOW**-----

Project Address: \_\_\_\_\_ or PID # \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mechanical Contractor: \_\_\_\_\_ MN Bond ID # \_\_\_\_\_

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

Proposed Work: Residential: \_\_\_\_ Commercial: \_\_\_\_ Other: \_\_\_\_\_

Use and Occupancy: \_\_\_\_\_ Type of Construction: \_\_\_\_\_

New Building: Yes \_\_\_ No \_\_\_ Description of Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated Value[labor and materials]: \_\_\_\_\_

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 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 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.

Applicants name [please print]: \_\_\_\_\_ Address: \_\_\_\_\_

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

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

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

-----**TOWN USE ONLY**-----

**BUILDING OFFICIAL:** Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Subject to the following conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

-----**FEES**-----

Mechanical Permit: \_\_\_\_\_ Plan Review: \_\_\_\_\_ State Surcharge: \_\_\_\_\_

Other: \_\_\_\_\_

**TOTAL DUE:** \_\_\_\_\_