

WEST LAKELAND TOWNSHIP

PLUMBING 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: _____

Plumbing Contractor: _____ License # : _____

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:

PUBLIC WORKS: Reviewed by: _____ Date: _____

Subject to the following conditions:

-----FEES-----

Plumbing Permit: _____ Plan Review: _____ State Surcharge: _____

Other: _____

TOTAL DUE: _____