


LAKESIDE
INSPECTIONS
1-800-440-1621
 COMM 20.02 (a) 3.

**UNIFORM
 BUILDING PERMIT
 APPLICATION**

UNIFORM PERMIT NO. _____

PARCEL NO. _____

PERMITS REQUIRED **ELECTRICAL** **PLUMBING** **HVAC** **OTHER** _____

OWNERS NAME _____ **MAILING ADDRESS** _____ **TELEPHONE** _____

CONTRACTORS NAME _____ **MAILING ADDRESS** _____ **TELEPHONE** _____

PROJECT LOCATION _____ **PROJECT DESCRIPTION** _____

BUILDING ADDRESS _____ **SUBDIVISION** _____ **LOT NUMBER** _____

EST. COST _____ **DWELLING CONTRACTORS LICENSE NO.** _____

PROJECT DESCRIPTION _____ **DWELLING CONTRACTOR QUALIFIER NO.** _____

NEW CONSTRUCTION **ADDITION** **REMODEL**

RESIDENTIAL **COMMERCIAL**

SCHEDULE OF WORK INVOLVED AND INSPECTION FEES

		COUNT	FEE
RESIDENTIAL			
GARAGES	UP TO 600 SQ. FT. \$50.00	_____	_____
	OVER 600 SQ. FT. \$.09 PER SQ. FT.	Sq. Ft.	_____
REMODELING / ADDITIONS	\$6.00 PER \$1,000 OF VALUATION	_____	_____
	MINIMUM OF \$50.00	Value	_____
ACCESSORY BLDG./DECKS	UP TO 600 SQ. FT. \$50.00	_____	_____
	OVER 600 SQ. FT. \$.09 PER SQ. FT.	Sq. Ft.	_____
COMMERCIAL BUILDINGS			
NEW	\$.09 PER SQ. FT. + \$225.00	_____	_____
REMODELING/ADDITIONS	\$6.00 PER \$1,000 OF VALUATION	_____	_____
	MINIMUM OF \$100.00	Value	_____

RE-INSPECTION FEE _____ **\$25.00 EACH**

FAILURE TO CALL FOR INSPECTION _____ **\$25.00 EACH**

Total _____

DOUBLE PERMIT FEES WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED

The applicant agrees to comply with the municipal ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, expressed, or implied, of the department, municipality, or inspector; and certifies that the above information is accurate.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

CONDITIONS OF APPROVAL This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Have permit / application number and address when requesting inspections. Call 1-800-440-1621 for inspections. Give at least 48 hours notice on all inspections.

FEES	ISSUING JURISDICTION	PERMIT ISSUED BY
INSPECTION FEE _____	TOWN _____	NAME _____
OTHER _____	VILLAGE _____	DATE _____
TOTAL _____	CITY _____	CERT. NO _____
	OF: _____	