

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 _____
BUILDING ADDRESS _____ SUBDIVISION _____ LOT NUMBER _____

EST. COST _____ DWELLING CONTRACTORS LICENSE NO. _____

PROJECT DESCRIPTION NEW CONSTRUCTION ADDITION REMODEL
DWELLING CONTRACTOR QUALIFIER NO. _____

ONE AND TWO FAMILY COMMERCIAL

SCHEDULE OF WORK INVOLVED AND INSPECTION FEES

		COUNT	FEE
ONE AND TWO FAMILY DWELLINGS			
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
PLAN REVIEW _____	TOWN <input type="checkbox"/>	NAME _____
INSPECTION FEE _____	VILLAGE <input type="checkbox"/>	DATE _____
OTHER _____	CITY <input type="checkbox"/>	CERT. NO _____
TOTAL _____	OF: _____	