

LYNDEN TOWNSHIP

Building Permit Application

Site Address: _____ Date: _____ Permit Number: _____

Property Owner: _____ Phone Number: _____

Address (if different from above, include City, State, Zip): _____

Parcel ID Number: _____

Estimated Construction Start Date: _____ Estimated Completion Date: _____

Contractor: _____ Contractor License # _____

Address (include City, State, Zip): _____ Phone: _____

Architect: _____ Phone: _____

Engineer: _____ Phone: _____

Zoning Classification: _____ Variance Required: _____ Easements: _____

Actual Structure Setbacks: Front Yard: _____ Rear Yard: _____ Side Yard (1): _____ Side Yard (2): _____

Lot Size: Width: _____ Length: _____ Corner Lot: Yes ___ No ___ Type of Construction _____

Dimensions: Height: _____ Width: _____ Depth: _____ Fire Suppression System: _____

Occupancy: Residential _____ Commercial _____ Industrial _____ Accessory _____ Other _____

New _____ Remodel _____ Addition _____ Demolish _____ Garage: Detached _____ Attached _____

Storage Shed _____ Deck _____ Porch _____ Fence _____ Pool _____ Lower Level _____

Description of Work: _____

Electrical Contractor: _____

Plumbing Contractor: _____

Mechanical Contractor: _____

Septic Installer: _____

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. This permit becomes null and void if work or construction authorized has not commenced within 180 days.

Value of Work (including labor): _____

Permit Fee: _____

Plan Review Fee: _____

911 Address Sign _____

State Surcharge: _____

Total Amount Due: _____

Paid Check #: _____

Separate permits are required for plumbing, mechanical and electrical. All inspections must be called in at least 24 hours in advance by contacting:

Contractor / Owner's Name (Please Print)

Signature Date

Authorized Signature Date

AllSpec Services

14462 Ronneby Road NE, Foley, MN 56329
(320) 293-5298 – phone (320) 387-2703 – fax

White - City Copy

Yellow - Building Official Copy

Pink - Applicant Copy