

BUILDING PERMIT APPLICATION

Owner Waiver Required

City of Lexington		By: Buildin	By:		Date:	
•			,			
Make Checks Payable	e to:	Building	g Permit App	roval		
Signature of Applicant (Owner or Cont	ractor)			Da	ate	
		red by the City for professional consul I go into the general account for admi		ior to issuance of the	Building Permit. Interest will not be	
its issuance, or if the work I hereby certify that I have read a complied with whether specified construction or the performance of supplied or in violation of any ord	authorized by the permit is su and examined this application and knot herein or not. The granting of a perm of construction. This building permit n dinance or regulation of City of Lexing		period of 180 day Il provisions of laws to violate or cancel the	as after the time the and ordinances gover the provision of any other in error or on the base.	he work is commenced. rning this type of work will be ther State or Local law regulating asis of incorrect information	
Notice: Separate permits a	re required for plumbing, heat	* Separate Permits Required		alarm, electrical	R-4 Medium Density Residentia	
		HVAC/Water Heate		(Specify Above)	R-3 Townhouse & 4-Plex	
		Window/Door Size Chang		e Over 6'	R-2 Single & 2 Family Detached	
	Public	Siding / Roofing *	New C	onstruction	R-1 Single Family Detached	
	Townhouse	Foundation Only	Pool	Above In Ground	M-2 Office	
	Industrial	Deck/Porch	Manut	actured Home	M-1 Central Business	
Plumbing	Agricultural	Interior Remodel	Firepla	-	B-4 General Business	
Mechanical	Commercial	Addition	Fire Sup	pression nance/Repair/Demo	B-2 Hwy & Business Services	
Building	Residential	Garage	Fire Su	ppression Install	B-1 Limited Business	
Permit Type	Proposed Use	Туре о	Type of Construction		Zoning District	
		PROJECT INFORMATION	ON			
Brief Project Description	Strion Completed Value (Include Laboration \$				& Material)	
Contractor's State License Number (REQI	UIRED)	Expiration Date				
Contractor Name	Street	City	State/Zip Code	Phone Number	Email	
Applicant Name	Street	City	State/Zip Code	Phone Number	Email	
Owner Name	Street	City	State/Zip Code	Phone Number	Email	
Project Address	Street	City	State/Zi _l	o Code		
www.ci.lexingto	on.mn.us			OFFIC	CE USE ONLY	
Lexington, MN 55014	Fax: (763) 785-8951		Proper	ty ID Number		
9180 Lexington Avenue	Minnesota Phone: (763) 784-2792					
Jexu	nglon		Permit	#		

Click SUBMIT to email form to the Permits Department