

# CITY OF LEWISTON



Lewiston City Hall  
 75 Rice Street • P.O. Box 129 • Lewiston, MN 55952  
 Phone (507) 523-2257 • Fax (507) 322-4018

## Building Permit Application

Property Address: \_\_\_\_\_

Applicant is:            Owner    Contractor

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

State License No.: \_\_\_\_\_

Brief Description of Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Job Cost: \_\_\_\_\_

Class of Work:	NEW	REM	DEM
	REP	RPL	ADD

Ownership:                    Private    Public

The undersigned hereby makes application for a building permit and understands work cannot start without a permit; agrees that all work will be done in compliance with the State Building Code, City Ordinances and approved plans.

\_\_\_\_\_  
 Applicants Signature

\_\_\_\_\_  
 Date

Permit \_\_\_\_\_

Late Fee \_\_\_\_\_

Plan Review \_\_\_\_\_

Surcharge \_\_\_\_\_

\_\_\_\_\_  
 Approved by    Date

Total Permit Fees Due \_\_\_\_\_