Permit #_____

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 _____