CITY OF LAKE CRYSTAL PERMIT APPLICATION
PLUMBING AND MECHANICAL

Returns all forms to:
City of Lake Crystal
Building Department
100 East Robinson Street
P.O. Box 86
Lake Crystal, MN 56055

Phone: (507) 726-2538
Fax: (507) 726-2265

Applicant must fill out all information on this form that is applicable to the project - Please Type or Print

SECTION 1 - DIRECTORY INFORMATION

Check appropriate box: Plumbing ☐ Mechanical ☐

Zoning District: __________
Phone: __________

Project Street Address:

Owners Name: ____________________________
Address: ________________________________

Plumbing Contractor:

Address: ________________________________
Phone: __________
License No.: ____________________________

Mechanical Contractor:

Address: ________________________________
Phone: __________

Check appropriate box: Fireplace ☐ Water Heater ☐ A/C ☐ Furnace ☐ Sprinkler ☐

Use and Occupancy: ____________________________

Applicant's Estimated Construction Cost (include materials & labor) $ __________

SECTION 2 - TYPE OF CONSTRUCTION

IMPORTANT: If any gas meters need to be moved, contact need 24 hours in advance at 800-245-2377.
If electrical wires are above ground, contact Lake Crystal Municipal utilities 24 hours in advance at 507-726-2260.
If any water meters need to be moved, contact Lake Crystal Municipal utilities 24 hours in advance at 507-726-2538.

I hereby certify that I have completed, read and examined this application and know the same to be true and correct, I accept responsibility for compliance with all applicable laws, notifications, and city provisions. The granting of this permit does not presume to give authority to violate or cancel the provision of any other state or local law regulating construction or the performance of construction.

Applicant Signature ____________________________ Date ________
Applicant's Name - Printed ____________________________
Address ____________________________

SECTION 3 - APPROVAL BY BUILDING OFFICIAL

Authorized Approval Signature ____________________________ Date ________