



City of Le Sueur, MN
Residential Building Permit Application

APPLICANT INFORMATION	
Owner Name:	
Address:	City/State/Zip:
Phone:	Email:

PROPERTY INFORMATION	
Site Address:	Property ID:

___ I am my own Contractor (Submit Property Owner Waiver)

CONTRACTOR/DESIGNER/ARCHITECT INFORMATION	
Company Name:	Contractor License #:
Address:	City/State/Zip:
Phone:	Email:
Plumbing Contractor Name:	Plumbing Contractor License #:
Address:	Phone:
Mechanical Contractor Name:	Mechanical Contractor License #:
Address:	Phone:

Work Type:

New Construction
 Addition
 Interior Finish
 Remodel (Description) _____
 Deck
 Patio
 Porch
 Egress Windows

Structure Type:

Duplex (2 units)
 Multi-family (No. of Units___)
 Garage

STRUCTURE INFORMATION	
Height:	Depth:
Width:	Estimated Value:
Estimated Completion Date:	Property Area (Square Feet):
Property Depth:	Property Width:
Front Yard Setback:	Rear Yard Setback:
Left Yard Setback:	Right Yard Setback:

