

CITY OF LYLE

PO BOX 247
109 GROVE ST
LYLE, MN 55953

Phone 507-325-2311
Fax 507-325-2311

**NEW RESIDENTIAL
APPLICATION**

LOCATION: _____ PROP NO: _____

OWNER: _____

CONTRACTOR ADDRESS: _____ MAILING ADDRESS: _____

DATE OF APPLICATION: _____ EST. VALUE: _____

PERMIT ISSUED: _____ PERMIT NO: _____

CLERK: _____

WIDTH: _____ LENGTH: _____

HEIGHT: _____ TOTAL SQ FEET: _____

CONSTRUCTED OF: _____

FRONT YARD SETBACK: _____ SIDE YARD SETBACK: _____

BACK YARD SETBACK: _____

PLUMBING CONTRACTOR: _____ HEATING CONTRACTOR: _____

DESCRIPTION: _____

FEES: _____

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. I have received a copy of the ordinance. All provisions of law and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction or the performance of construction.

APPLICANT'S SIGNATURE: _____

BLDG. OFFICIAL'S APPROVAL: _____ DATE: _____