

Phone: 507-832-8660

CITY OF WINDOM, MN

Permit No.: _____

Applicant complete top section (Please Print)

BUILDING PERMIT APPLICATION

Date: _____

JOB ADDRESS: _____

OWNER(S): _____ **ADDRESS:** _____ **PHONE:** _____

APPLICANT: _____ **ADDRESS:** _____ **PHONE:** _____

Contractor: _____ Lic.#: _____ Phone: _____

Contractor Address: _____

Plumbing: _____ Lic.#: _____ Phone: _____

Mechanical: _____ Lic.#: _____ Phone: _____

Electrical: _____ Lic.#: _____ Phone: _____

USE OF BUILDING: _____

DESCRIPTION OF WORK: _____

CLASS OF WORK: New Addition Remodel Replace Mechanical Other:
 Repair Fill Plumbing

VALUATION OF WORK: (Include all Labor and Materials. Building Official to Verify.) \$ _____

CITY USE ONLY BELOW

SPECIAL CONDITION or APPROVALS: _____

ADDITIONAL PERMITS or APPROVALS:	REQUIRED	NOT REQUIRED	RECEIVED BY
CONDITIONAL USE			
VARIANCE			
STREET DEPARTMENT			
WATER CONNECTION			
SEWER CONNECTION			
ELECTRIC CONNECTION			
TELECOM CONNECTION			

LEGAL DESCRIPTION: _____ **Parcel No.:** _____

Lot No.: _____	Block No.: _____	Subdivision: _____				
City Permit Fee: _____	Plan Review: _____	State Surcharge: _____	Sewer: _____	Water: _____	Other: _____	TOTAL: _____

Construction Type: _____ **Occupancy Class:** _____ **Zoning District:** _____

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

_____	Date: _____	_____	Date: _____
SIGNATURE OF OWNER OR AUTHORIZED AGENT		SIGNATURE OF BUILDING OFFICIAL	

Check#: _____ Cash or CC _____ Amount: \$ _____ Paid By: _____

Received By: _____ Date Received: _____

CALL "GOPHER ONE" at 1-800-252-1166 AT LEAST 48 HOURS BEFORE DIGGING OF ANY KIND.