



16319 Kettle River Blvd. Columbus, MN 55025
Phone 651-464-3120
PERMIT NUMBER _____

PERMIT APPLICATION FOR RESIDENTIAL RE-SIDING

JOB ADDRESS _____

Legal Description _____

Owner's Name _____ Telephone _____

General Contractor _____ Telephone _____

Fax _____ Address _____

City _____ State _____ Zip _____

E-mail Address _____ Contractors License Number _____

Type of siding to be used _____

CONTRACTOR'S LEAD CERTIFICATION NUMBER FOR PRE 1978 STRUCTURES _____

Valuation of Work \$ _____

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING AND A/C, FIREPLACE, AND FIRE SPRINKLERS. 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. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HERIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

BASE FEE \$75.00 + \$1.00 State Surcharge

TOTAL AMOUNT DUE \$ 76.00 DATE PAID _____ RECEIPT NO. _____

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT _____ DATE _____

SIGNATURE OF OWNER (IF OWNER BUILDER) _____ DATE _____

BUILDING OFFICIAL _____ DATE _____

RESIDENTIAL SIDING REQUIREMENTS

- Fill out Permit Application
- Flashing is required above doors and windows. Photos of the house wrap may remain on-site and in an accessible location. When the project is finished and the Electrical Inspection has been completed, please call the Building Department at (651) 419-9013 for a Final Inspection.