



RESIDENTIAL WINDOW & DOOR PERMIT

Permit # _____

Date Received _____

16319 Kettle River Blvd, Columbus, MN 55025
Phone: 651-464-3120

TO BE FILLED OUT BY APPLICANT - INCOMPLETE APPS MAY NOT BE PROCESSED

SITE ADDRESS:		PID:	
PROPERTY OWNER:		Address:	
City:	State:	Zip:	Email:
Contact Name:		Phone:	
CONTRACTOR COMPANY NAME:		Address:	
City:	State:	Zip:	Phone: Fax:
Contractor License No:		Contact Name:	
Email:		Contact Phone:	

REPLACEMENT MUST BE SAME SIZE.

If changes are being made to the size (larger/smaller replacement or additional) applicant must pull a residential building permit.

Detailed Description of Work:		
Valuation:	Quantity	Quantity
Total of windows and/or doors to be installed? _____	_____ Windows	_____ Doors

Residential Window & Door Requirements: See attached handout

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required and authorizes the Zoning Administrator or designee and the Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice. I hereby acknowledge that I have read this application and state that all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with approved plans, specifications and conditions and to abide by all ordinances of the Municipality and the laws of the State of Minnesota regarding actions taken pursuant to this permit. Permit expires when work is not commenced within 180 days from date of permit, or if work is suspended, abandoned, or not inspected for 180 days. Work beyond the scope of this permit, or work without a permit or inspection, will be subject to a penalty.

SIGNATURE OF APPLICANT:	DATE:
PRINTED NAME:	Signature of: <input type="checkbox"/> Owner or <input type="checkbox"/> Owner's Representative

OFFICE USE ONLY	Residential Window & Door Permit Fee: Base \$99.00 (replacement of same size) + \$1.00 State surcharge*	
	*Flat fee for any quantity of windows and/or doors as long as it is the same size replacement	
	Permit Fee: <u>\$99.00</u>	Issued By: _____
	State Surcharge: <u>\$1.00</u>	Paid: _____
TOTAL DUE: <u>\$100.00</u>	Date: _____	
	Check Number: _____	
	Receipt Number: _____	

24-HOUR NOTICE REQUIRED FOR INSPECTIONS. CALL 952-442-7520.