BUILDING PERMIT APPLICATION #_______

Roofing, Siding, Window, Door Replacement
Residential Only

CITY OF DUNDAS
BUILDING INSPECTIONS DEPARTMENT
100 RAILWAY STREET NORTH, PO BOX 70, DUNDAS, MN 55019
phone: 507-645-2852    email: cityhall@dundas.us    website: www.cityofdundas.org

JOB SITE ADDRESS______________________________________________

LOT# _______ BLK#_________ PID #______________________________

APPLICANT: Owner OR Contractor (Circle One)

OWNER__________________________________ PHONE #s____________________
Street Address _____________________________________________________________

CONTRACTOR __________________________________ PHONE #s __________________
Mailing Address _____________________________________________________________

Contractor’s License # ________________________

TYPE OF WORK (DESCRIBE IN DETAIL): _______________________________________

VALUATION OF WORK (EXCLUDING LAND) ___________________________

NOTE: A survey by a registered surveyor is required for all permit applications in subdivisions platted after January 1, 1997, or as required by the Building Official (this may be waived for minor additions). If a survey is not required, a Plat Plan must be submitted.

Applicant hereby agrees that, upon issuance of this permit, all work shall be done and all materials used shall be in compliance with applicable City, County, and State laws and ordinances. The applicant agrees to abide by all Zoning Regulations and State Building Codes and to use this structure for its permitted use only.

_____________________________ Contractor/Applicants Signature   ______________________ Date

Permit shall be null and void if authorized work is not started within 180 days from approved date, or if work is suspended or abandoned for 180 days or more after work is started.

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(A)____Roof - $75.00       (B)____Siding - $75.00       (C) Window Replacement $75.00    (D) Door $75.00

REVIEWED_______DENIED________ Subject to existing regulations and the following conditions_____

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Building Official or Designee_________________________ Date____________

PERMIT FEES

Building $________________________
Building State Surcharge $____________________
Other Charges $____________________

TOTAL: $____________________

RSWD-092020