

City of Sauk Centre

320 South Oak Street - Sauk Centre, MN 56378
Ph: (320) 352-2203 FAX: (320) 352-0121

Residential Remodel, Decks & Mechanical Building Permit Application

For Office Use Only	
Permit No.	_____
PID No.	_____
DATE RCVD.	_____
Permit Fee	_____
Surcharge	_____
Plan Check	_____
TOTAL FEE	_____

Please Type or Print Legibly:

1. Site Address _____ Sauk Centre, MN 56378
2. Owner(s) _____ Daytime Phone _____
3. Owner's Address (if different from above) _____

4. Legal Description of Site: *(Please Attach Metes & Bounds Description)*
Note If unknown, please refer to property tax statement or ask Zoning Administrator*

Lot _____ Block _____ Addition _____

5. Type of Improvement:

Window Replacement _____ Reside _____ Reshingle _____ Remodel _____ Deck _____
Mechanical _____ Other _____
_____ Rcvd. Rqmts?
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6. If remodeling, mechanical or other, describe in detail work to be done _____

7. If residing, describe type of siding _____

8. Approximate Start Date _____

9. Please provide contractor's name and license number as required by Minnesota Statute

Name _____ License No. _____ **OR**

This work is being done by applicant who is acting as their own general contractor and assumes complete responsibility. I have read and signed the Licensed Contractor Disclaimer. _____ (Initial Here)

10. Estimated Cost of Complete Project: \$ _____

I hereby certify that I have read & examined this application and know the same to be true & correct. All provisions of Laws & 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 all the provisions of any other state or local law regulating construction.

AUTHORIZED SIGNATURE OF OWNER OR BUILDER

ZONING ADMINISTRATOR

This Permit Expires One Year From: _____

BUILDING INSPECTOR

