

For Office Use Only	Permit # _____	Permit Fee _____
	PID # _____	Surcharge _____
	Date Recd _____	Plan check _____
		Total Fee _____

City of Freeport
104 4th St NW-Freeport MN 56331
PH. (320) 836-2112 FAX (320) 836-2116

New Dwelling Permit Application

1. Site Address _____ Freeport, MN 56331
2. Owner(s) _____ Daytime Phone _____
3. Owner's Address (if different from above) _____
4. Legal Description of Site:
 Note* If unknown, please refer to property tax statement or ask Zoning Administrator.
 Lot _____ Block _____ Addition _____
5. Type of Construction: (circle one)
 Build Prefabricated Modular Foundation Only
6. Describe in detail work to be done _____
7. Building Covering Material(s), (If applicable) _____
8. Approximate Start Date _____
9. Estimated Cost of Project (Including Materials & Labor): \$ _____
10. Licensed Contractor's Name & License No.:
 Name: _____ License No: _____

****If owner is acting as their own General Contractor they must sign the Licensed Contractor Disclaimer.**

Additional Information Requested On Reverse

11. Dimensions of Uses in Sq. Ft.:

Dwelling (1 st Story)_____Basement_____Finished?_____(yes or no)

Dwelling (Additional Stories)_____Garage_____

12. Please Provide the Following: (If Applicable)

Plumbing Contractor_____PH:_____

Mason & Concrete Contractor_____PH:_____

Heating & Venting Contractor_____PH:_____

13. Air Exchanger? Yes_____ No _____

Required Forms & Items to Return with Application:

SITE PLAN

FULL SIZE SET OF CONSTRUCTION PLANS WITH CROSS SECTIONS

ONE SMALL SET OF CONSTRUCTION PLANS ON 8 ½ x 11 FOR FILE

ENERGY CALCULATIONS

SIGNED PROPERTY DISCLAIMER

IF OWNER IS ACTING AS GENERAL CONTRACTOR A LICENSED CONTRACTOR DISCLAIMER MUST BE SIGNED

*Your application will be denied until all above items are provided.

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 herein or not. I have identified all property boundaries, easements, flood zones, and/or wetlands existing on the property on my site plan and application. The undersigned further agrees the City and its' administrative staff relied on the accurateness of this application, plans and specifications relative to this project and holds the City of Freeport, and its employees harmless from all liability arising from the granting of this permit.

AUTHORIZED SIGNATURE OF OWNER OR CONTRACTOR

ZONING ADMINISTRATOR

This Permit Expires One Year From:_____

BUILDING OFFICIAL