

<b>For Office Use Only</b>	Permit # _____	Permit Fee _____
	PID # _____	Surcharge _____
	Date Recd _____	Plan check _____
		Total Fee _____

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

## Residential Remodel/Decks Building Permit Application

1. Site Address \_\_\_\_\_ Freeport, MN 56331
2. Owner(s) \_\_\_\_\_ Daytime Phone \_\_\_\_\_
3. Owner's Address (if different from above) \_\_\_\_\_
4. Type of Improvement: (Circle those that apply)    Window Replacement       Reside       Reshingle  
Remodel       Deck (if deck must include site plan and construction plans)
5. If remodeling, describe in detail work to be done \_\_\_\_\_  
\_\_\_\_\_
6. If residing, describe type of siding \_\_\_\_\_
7. Approximate Start Date \_\_\_\_\_
8. Estimated Cost of Project (Including Materials & Labor): \$ \_\_\_\_\_
9. 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.**

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. 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 CONTRACTOR** \_\_\_\_\_

**ZONING ADMINISTRATOR** \_\_\_\_\_

**BUILDING OFFICIAL** \_\_\_\_\_