



Residential Remodel/Deck Building Permit Application

100 17th Avenue NW, Glenwood, MN 56334

Phone: 320-634-5433

Building Inspector: Michael Friedrichs 320-377-9029

Site Address _____ PID # _____

Owner(s) _____ Daytime Phone _____

Owner's Address (if different from above) _____

Approximate starting date _____ Estimated total cost of project \$ _____

Type of Improvement: (Circle those that apply) Window Replacement Reside Re-shingle Egress
Windows

Remodel Deck (If deck or steps, must include site plan and construction plans)

If remodeling, describe in detail the work to be done _____

If residing, describe type of siding _____ If re-shingling, asphalt or steel _____

Licensed Contractor's Name _____ License # _____

Contractor's Phone _____

Was this dwelling built before 1979? Yes No

If yes, Lead Certification Number _____

Lead Certification verified by _____

**If property owner is acting as his/her own general contractor,
property owner must sign the Licensed Contractor Disclaimer**

(Additional information required on following page)

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 this permit does not presume to give authority to violate or cancel all the provisions of any other State or local laws regulating construction.

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 of Glenwood and its administrative staff relied on the accurateness of this application, plans, and specification relative to this project and holds the City of Glenwood and its employees harmless from all liability arising from the granting of this permit.

Signature of Owner or Contractor _____

Zoning Administrator _____

Public Works Director _____

Building Official _____

For Office Use Only	
Permit Fee:	Permit #:
Surcharge:	Date Rec'd:
Plan Check:	Total Fee: