



GLENWOOD

Detached Accessory Building Permit Application

100 17th Avenue NW

Glenwood, MN 56334

Phone: 320-634-5433

Building Inspector Michael Friedrichs: 320-377-9029

Site Address _____, Glenwood, MN 56334

Owner(s) _____ Daytime Phone _____

Owner's Address (if different from above) _____

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

Licensed Contractor's Name _____ License # _____

Dimension of structure: Length _____ Width _____

Height of structure: Sidewalls _____ Roof line _____

Type of siding _____ Is building heated? Yes _____ No _____

Excavating Contractor _____ Phone _____

Mason and Concrete Contractor _____ Phone _____

REQUIRED FORMS AND ITEMS TO RETURN WITH THIS APPLICATION

1. Site Plan
2. Full size set of construction plans with cross-sections
3. One small set of construction plans (8 ½ x 11) for property file
4. Signed property disclaimer

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

**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 _____

This permit expires one year from _____
(Date)

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