

City of Osakis

14 Nokomis Street East ~ PO Box 486 ~ Osakis, MN 56360

Ph: (320) 859-2150 ~ FAX: (320) 859-3978

cityhall@cityofosakis.com

Residential Building Permit ~

Window Replacement, Reshingling & Residing

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 _____
2. Owner(s) _____ Daytime Phone _____
3. Owner's Address (if different from above) _____
4. Window Replacement: _____ Existing sizes? _____ Changing sizes? _____
5. Reshingling: _____ Asphalt shingles? _____ Steel? _____
6. Residing: _____ Describe the type of siding: _____
7. Estimated Cost of Project (Including Materials & Labor): \$ _____
8. Approximate Start Date _____
9. Please provide general 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)***

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 survey 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 Osakis, and its employees harmless from all liability arising from the granting of this permit.

AUTHORIZED SIGNATURE OF OWNER OR BUILDER

ZONING

This Permit Expires One Year From: _____

BUILDING INSPECTOR