

City of Osakis

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

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

Residential Remodel ~ Deck Building Permit Application

Please Type or Print Legibly:

For Office Use Only	
Permit No.	_____
PID No.	_____
DATE RCVD.	_____
Permit Fee	_____
Surcharge	_____
Plan Check	_____
TOTAL FEE	\$ _____

1. Site Address _____
2. Owner(s) _____ Daytime Phone _____
3. Owner's Address (if different from above) _____
4. Legal Description of Site: *(Please Attach Metes & Bounds Description on Separate Sheet)*
Note If unknown, please refer to property tax statement or ask Zoning Administrator*
Lot(s) _____ Block _____ Addition _____
5. Type of Improvement:
Window Replacement: _____ Reside: _____ Reshingle: _____ Remodel: _____
6. If residing, describe the type of siding: _____
7. Describe remodeling work to be done: _____
8. Dimensions for deck: _____ *(Must include site plan and construction plans)*
9. Estimated Cost of Project *(Including Materials & Labor)*: \$ _____
10. Approximate Start Date _____
11. 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)*

Additional Information Required on Reverse

Your application will be deferred until all items are provided.

_____ SITE PLAN (*drawn to scale*) WITH ALL LOT AREA AND SETBACK REQUIREMENTS MET

_____ SIGNED PROPERTY DISCLAIMER.

_____ LICENSED CONTRACTOR DISCLAIMER (*If owner is acting as the General Contractor*)

_____ WATER METER & REMOTE MUST REMAIN FUNCTIONAL DURNING CONSTRUCTION.

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 ADMINISTRATOR

This Permit Expires One Year From: _____

BUILDING INSPECTOR