

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

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): \$ _____

9. Approximate Start Date: _____

10. General contractor's name and license number as required by Minnesota Statute -

Name: _____ License No: _____

Contractor's contact phone: _____

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.

***BEFORE CONSTRUCTION BEGINS, PERMIT FEE MUST BE PAID AND OFFICIAL PERMIT POSTED ON SITE**

AUTHORIZED SIGNATURE OF OWNER OR BUILDER

Permit expires one year from this date

BUILDING INSPECTOR

ZONING STAFF