



**CITY OF OSAKIS**  
 14 Nokomis Street East  
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 FAX: (320) 859-3978  
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For Office Use Only	
Permit No.	
PID No.	
<b>DATE RCVD.</b>	
Permit Fee	
Surcharge	
Plan Check	
<b>TOTAL FEE</b>	<b>\$</b>

**Residential**

**Window Replacement, Reshingling, Residing  
 Building Permit Application**

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