City of Cannon Falls Application for Building Permit

Goodhue County Government Center 509 West Fifth Street | Red Wing , MN 55066 Telephone: 651.385.3114 | www.co.goodhue.mn.us

| Applicant's Name. Who is Signing Below? | | | License or Bond Number: | | |
|---|--------------------------|--|-----------------------------------|--|---------------|
| Applicant's Company (If Applicable): | | | Telephone: | | |
| Applicant's Mailing Address: | | | Telephone: E-Mail: | | |
| | | | | | Site Address: |
| City/State/Zip: | | | City or Township: | | |
| Property Owner Name: | | | Size of Parcel: | | |
| Owner's Mailing Address: | | | Telephor | ne: | |
| City/State/Zip: | | | Telephone: | | |
| Project Information. Sele | ct Type of Permit: Resid | ential or Non-Residentia | al. If not resident | ial, specify: | |
| State the Use of Structure: | | | Size of Structure or Project: | | |
| Select Type of Work: New / Addition / Repair or Remodel / Re-Roof / Plumb | | | ing / Mechanical / Othe <u>r:</u> | | |
| Year Built (For Existing Struc | ctures): Ma | arket Value of Proposed Pr | oject or Work (<u></u> | equired by SBC): \$ | |
| Describe Proposed Project | and Scope of Work: | | | | |
| | | | | | |
| eneral Contractor: State | | e License: Teleph | | ne: | |
| Plumbing Contractor: | | | | Telephone: | |
| Mechanical Contractor: | | | | Telephone: | |
| Electrical Contractor: | | | | | |
| Design Professional: | | | | | |
| Other: | | gistration Number: | Telephor | Telephone: | |
| requirements of the Minnesota S Applicant Signature: | * * * * * * Items Bel | applicable statues, ordinances, r | Date: County Use * | and specifications and in compliance with the state of th | |
| | | Other | | | |
| | | | | | |
| Building Official Approva | (Comments/Conditions): | | | | |
| gnature: | | | Date: | | |
| Flat Fees: | Roof: \$85.00 Siding: 9 | \$85.00 | (1-4): \$100.00 | ☐ Windows(5+): \$150.00 | |
| General Permit Fee: \$ | Valua | ation of Permit: \$ | | | |
| Plan Check Fee: \$ | | | | | |
| State Surcharge: \$ | | | | Permit Number: | |
| = ' | Date Fee Paid: | | | | |
| | Receipt Number: | | | Issue Date: | |
| | | • | | | |
| " All rees sno | uld be made to Goodhue C | Lourity | | April 2018 | |