## City of Kenyon Application for Building Permit

709 Second Street
Kenyon, Minnesota 55946
Telephone: 507.789.6415 | Fax: 507.789.5604

Applicant's Company (If Applicable): Applicant's Mailing Address: City/State/Zip:  Site Address: City/State/Zip: City/State/Zip: City/State/Zip: City/State/Zip: City/State/Zip: City/State/Zip: City/State/Zip: City or Township: Size of Parcel: City/State/Zip: City or Township: Size of Parcel: City/State/Zip: Telephone: Size of Structure or Project: Select Type of Work: New / Addition / Repair or Remodel / Re-Roof / Plumbing / Mechanical / Other: Year Built (For Existing Structures): Market Value of Proposed Project or Work (Reaulized by SBC): \$  Describe Proposed Project and Scope of Work:  State License: Telephone: Contractor: State License: Telephone: Tel	Applicant's Name. Who is	Signing Below?	License	License or Bond Number:		
Replaces:     Rephone:	Applicant's <b>Company</b> (If Ap	oplicable):				
City/State/Zip:					e:	
City/or Township: Property Owner Name: Owner's Mailing Address: City/State/Zip: Project Information. Select Type of Permit: Residential or Non-Residential. If not residential, specify: State the Use of Structure: Select Type of Work: Select Type of Work: New / Addition / Repair or Remodel / Re-Roof / Plumbing / Mechanical / Other: Year Built (For Existing Structures): Market Value of Proposed Project or Work (Required by SBC): \$  Describe Proposed Project and Scope of Work:  General Contractor: State License: Telephone: Plumbing Contractor: State License: Telephone: State License: Telephone: Plumbing Contractor: State License: Telephone: Design Professional: Minnesota Registration: To avoid permit expiration, begin work and call for first inspection within 180 days of permit issuance. I certify that information on this application, complete, and correct. All work done and all materials used will be in conformance with the approved plans and specifications and in compliance in requirements of the Minnesota State Building Code and other applicable statues, ordinances, rules, and regulations that govern building construction or requirements of the Minnesota State Building Code and other applicable statues, ordinances, rules, and regulations that govern building construction or Plans Application Construction Plans Ste Plan Environmental Health Approval Determine Stephical Approval (Comments/Conditions):  Signature: Plat Fees: Roof: \$85.00 Siding: \$85.00 Windows (1-4): \$100.00 Windows (5+): \$150.00  General Permit Fee: \$ Valuation of Permit: \$ Plan Check Fee: \$ Valuation of Permit: \$ Plan Check Fee: \$ Valuation of Permit: \$ Plan Check Fee: \$ Occupancy Class: Permit Number:	City/State/Zip:				E-Mail:	
Property Owner Name:  Owner's Mailing Address: City/State/Zip: Telephone: Telephone: Telephone: Telephone: Telephone: Telephone: Telephone: Size of Structure: Size of Structure or Project: Select Type of Work: New / Addition / Repair or Remodel / Re-Roof / Plumbing / Mechanical / Other: Year Built (For Existing Structures):  Market Value of Proposed Project or Work (Required by SRC): \$  Describe Proposed Project and Scope of Work:  General Contractor: State License: Plumbing Contractor: State License: Telephone: Plumbing Contractor: State License: Telephone: Design Professional: Minnesota Registration: Design Professional: Other:  To avoid permit expiration, begin work and call for first inspection within 180 days of permit issuance. I certify that information on this application, complete, and correct. All work done and all materials used will be in conformance with the approved plans and specifications and in compliance in requirements of the Minnesota State Building Code and other applicable statues, ordinances, rules, and regulations that govern building construction or requirements of the Minnesota State Building Code and other applicable statues, ordinances, rules, and regulations that govern building construction or Plans Additional Plan Info Other To reputation Other Forms Additional Plan Info Other Final Zoning Approval  Date:  Filat Fees: Roof: \$85.00 Siding: \$85.00 Windows (1-4): \$100.00 Windows (5+): \$150.00  General Permit Fee: \$ Valuation of Permit: \$ Plan Check Fee: \$ Occupancy Class: Permit Number:	Site Address:			Parcel N	lumber:	
Owner's Mailing Address: Telephone: Telephon	City/State/Zip:			City or To		
City/State/Zip:	Property Owner Name:			Size of Parcel:		
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Design Professional:						
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	State Surcharge: \$				Permit Number:	
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