



204 SHAMROCK DRIVE ARLINGTON, MN 55307 Phone: 507-964-2378

Reroof Reside Window

Office Use Only

Building official: Darin Haslip
dri101@live.com
Cell: 320-226-5289
Fax: 651-846-5189

Zoning Official: Tim Scanlon-Johnson

Phone: 507-964-2378
fax: 507-964-5973

Building Permit Number:	_____
Date Received:	_____
Reroof: \$50	\$ _____
Reside: \$50	\$ _____
Window Replacement: \$50	\$ _____
Surcharge: 1.00 per item	\$ _____
Total:	\$ _____

This application is for a Building Permit for Residential: Reroof, Reside, Replacement Exterior Doors and/or Replacement Windows only. Replacement Exterior Doors and/or Windows projects that include altering and/or adding new openings will require a Residential Building Permit with plan review.

Applicant must fill out all information on this form that is applicable to the project—please type or print

Section 1: Directory Information (fill out what is applicable)

Project Address: _____ Zoning: _____

Approximate Start Date: _____ Approximate Completion: _____

Owners name: _____ Phone: _____

Address: _____

Contractor: _____ Phone: _____

Address: _____ License No: _____

Electrician: _____ Phone: _____

Address: _____

Plumbing/Mech. Contractor: _____ Phone: _____

Address: _____

Excavation Contractor: _____

Address: _____

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IMPORTANT: If any gas meters need to be moved, contact CenterPoint Energy Minnegasco. If electrical wires are above ground, contact Arlington Electric Department 24 hours in advance at 507-964-2378. If any water meters need to be moved, contact Arlington Water Department 24 hours in advance at 507-964-2378.

I hereby certify that I have completed, read and examined this application and know t he same to be true and correct, I accept responsibility for compliance with all applicable laws, notifications, and city provisions. The granting of this permit does not pre sume to give authority to violate of cancel the provision of any other state or local law regulating construction or the performance of construction.

Applicant Signature: _____ Date: _____

Applicant Name Printed : _____ Date: _____

Approval by Building Official:

Authorized Approval Signature: _____ Date: _____