

CITY OF ARLINGTON PERMIT APPLICATION

FOR RESIDENTIAL, REROOF, RESIDE, AND WINDOW REPLACEMENT

Return all forms to: City of Arlington
 Building Department
 204 Shamrock Drive
 Arlington, MN 55307

Building Official Contact: Darin Haslip
 Cell: (320) 226-5189 Fax: (651) 846-6034
 101 Development Resources, Inc.

Office Use Only	
Building Permit No.	_____
Date Received:	_____
Reroof	\$ _____
Reside	\$ _____
Window Replacement	\$ _____
Surcharge	\$ _____
Total	\$ _____

Applicant must fill out all information on this form that is applicable to the project - Please Type or Print

SECTION 1- DIRECTORY INFORMATION

Check appropriate box: Reroof Reside Window Replacement

Project Street Address: _____ Zoning District: _____
 Owners Name: _____ Phone: _____
 Address: _____
 Contractor: _____ Phone: _____
 Address: _____ License No.: _____
 Comments: _____
 Address: _____
 Applicant's Estimated Construction Cost (include materials & labor) \$ _____

SECTION 2- TYPE OF CONSTRUCTION

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

I hereby certify that I have completed, read and examined this application and know the 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 presume to give authority to violate or cancel the provision of any other state or local law regulating construction or the performance of construction.

Applicant' Signature _____ Date _____
 Applicant's Name - Printed _____
 Address _____

SECTION 3 - APPROVAL BY BUILDING OFFICIAL

Authorized Approval Signature _____ Date _____