

CITY OF SHERBURN PERMIT APPLICATION

FOR RESIDENTIAL, REROOF, RESIDE, AND WINDOW REPLACEMENT

Return all forms to: **City of Sherburn**
Building Department
21 East First Street
P.O. Box 667
Sherburn, MN 56171-0667

Phone: (507) 764-4491

Fax: (507) 764-3882

Office Use Only	
Building Permit No.	_____
Date Received:	_____
Plumbing	\$ _____
Mechanical	\$ _____
Surcharge	\$ _____
Plan Review	\$ _____
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: _____ Email: _____

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 Norhtern Natural Gas 24 hours in advance at (877) 654-0646.

If electrical wires are above ground, contact the City of Sherburn - 24 hours in advance at (507) 764-4491.

If any water meters need to be moved, contact the City of Sherburn - 24 hours in advance at (507) 764-4491.

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 _____