

City of Melrose
225 E First St N, Melrose MN 56352
Ph: (320) 256-4278 FAX: (320) 256-7766

Permit No. _____
PID No. _____
Date Rcvd. _____

**Residential Remodel/Decks
Building Permit Application**
SITE INSPECTIONS TUE/THUR AM ONLY

Permit Fee	
Surcharge	
Plan Check	
Total Fee	

Please Type or Print Legibly:

Zoning District _____

1. Site Address _____ Melrose, MN 56352

2. Owner(s) _____ Daytime Phone _____

3. Owner's Address (if different from above) _____

4. Legal Description of Site: *(Please Attach Metes & Bounds Description)*
Note If unknown, please refer to property tax statement or ask Zoning Coordinator*

Lot _____ Block _____ Addition _____

5. Type of Improvement:

Window Replacement _____ Reside _____ Reshingle _____ Remodel _____ Deck _____ Other _____ Swimming Pool _____
(Melrose Public Utilities requires 24 hr notice to remove meters) (Site plan required & size)
Walls/Fences _____
Pools-Wall/Fence Info _____

6. If remodeling, describe in detail work to be done _____

7. If residing, describe type of siding _____

8. Approximate Start Date _____

9. Please provide contractor's name and license number as required by Minnesota Statute

Name _____ License No. _____

If no contractor's license number, sign disclaimer on back.

10. Estimated Cost of Complete Project: \$ _____

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel all the provisions of any other state or local law regulating construction.

All demolition debris must be contained and disposed of properly. Roadways and gutters must be kept clear of debris.

AUTHORIZED SIGNATURE OF OWNER OR BUILDER

ZONING OFFICER

BUILDING OFFICIAL

This Permit Expires One Year From: _____