



CITY OF FREEPORT

125 Main Street E – PO Box 301 – Freeport, MN 56331 – 320-836-2112 – FAX 320-836-2116
 For TTY/TDD Users 1-800-627-3529 or 711 Minnesota Relay Service www.freeportmn.org

RESIDENTIAL ADDITION PERMIT FORM

FOR OFFICE USE ONLY		
PERMIT FEE \$	WAC \$	PERMIT #
SURCHARGE \$	SAC \$	DATE RECEIVED
PLAN CHECK \$	METER \$	DATE APPROVED
SUB TOTAL \$	SUBTOTAL \$	TOTAL \$

Property

Owner(s) _____
 Street Address _____ Freeport, MN 56331
 Mailing Address _____
 Phone Number _____

Improvement

Approximate Start Date _____ Estimated Cost of Project \$ _____

Type of Improvement

Type of addition (Bedroom, Living room, Garage, etc.) _____

***According to City Code 500.50 Subd. 1 metal roofs must be constructed with standing seems and concealed fasteners.*

Contractor (if applicable) *If owner is acting as general contractor they must sign Licensed Contractor Disclaimer*

General Contractor _____ Phone Number _____
 Plumbing Contractor _____ Phone Number _____
 Mason & Concrete Contractor _____ Phone Number _____
 Heating and Venting Contractor _____ Phone Number _____
 Excavation Contractor _____ Phone Number _____
 Sprinkler Contractor _____ Phone Number _____

Required Forms & Items to Return with Application:

- Certificate of Survey or Absence of Certified Survey signed
- FULL SIZE Set of Construction Plans with Cross Sections
- SMALL SIZE Set of Construction Plans

The City of Freeport is an Equal Opportunity Provider

Licensed Contractor Disclaimer (if owner is acting as general contractor)

Your application will be deferred until all items above are provided

I hereby certify that I have 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. I have identified all property boundaries, easements, flood zones, and/or wetlands existing on the property on my site plan and application. The undersigned further agrees the City and its' administrative staff relied on the accurateness of this application, plans and specifications relative to this project and holds the City of Freeport, and its employees harmless from liability arising from the granting of this permit.

Signature of Owner _____

Signature of Zoning Administrator _____

Signature of Building Official _____

This permit expires one year from date approved