



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 DETACHED ACCESSORY BUILDING 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

Dimension of Structure: Length _____ Width _____

Height of Structure: Sidewalls _____ Roofline _____

Type of Siding _____

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

Is Building Heated Yes No

Contractor (if applicable):

General Contractor _____ Phone Number _____

Plumbing Contractor _____ Phone Number _____

Mason & Concrete Contractor _____ Phone Number _____

Heating and Venting Contractor _____ Phone Number _____

Excavation 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
- 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 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. 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 the liability arising from granting this permit.

Signature of Owner_____

Signature of Zoning Administrator_____

Signature of Building Official_____

This permit expires one year from the date approved