

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 NEW DWELLING BUILDING FORM

FOR OFFICE USE ONLY

TERMIT PEE \$	WIIC \$	TERMIT #
SURCHARGE \$	SAC\$	DATE RECEIVED
PLAN CHECK \$	METER \$	DATE APPROVED
SUB TOTAL \$	SUBTOTAL \$	TOTAL \$
Property		
Owner(s)		<u></u>
Street Address		Freeport, MN 56331
Mailing Address		
Phone Number		
Improvement		
Approximate Start Date	eEstimated Cost of Pro	pject \$
Type of Construction		
Build Prefabricat	ion Modular Foundation O	only
Zoning Classification _	Variance Required: Yes	No
Easements: Yes	No	
Will steel roof material	be used? Yes No	
**According to City Code	500.50 Subd. 1, metal roofs must be constri	ucted with standing seams and concealed fasteners.
Contractor (if applicable)		
General Contractor		Phone Number
Plumbing Contractor		Phone Number
Mason & Concrete Contractor		Phone Number
Heating and Venting Contractor		Phone Number
Excavation Contactor		

_Phone Number____

Sprinkler Contractor___

Forms & Items to Return with Application Heat Loss Calculations Certificate of Survey or Absence of Certified Survey or Property Disclaimer 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 compiled 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