

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

COMMERCIAL PERMIT FORM

FOR OFFICE USE ONLY		
PERMIT FEE \$	WAC \$	PERMIT #
SURCHARGE \$	SAC \$	DATE RECEIVED
PLAN CHECK \$	METER \$	DATE APPROVED
SUB TOTAL \$	SUBTOTAL \$	TOTAL \$
Property		
Street Address		Freeport, MN 56331
Mailing Address		
Phone Number		<u></u>
Improvement		
Approximate Start I	DateEstimated Co	ost of Project \$
Type of Improvement		
Build Addition	n Remodel Roof Or	nly Other
Describe in detail we	ork to be done	
Building Coverage N	Material(s), (if applicable)	
Construction Type		
Onsite Modular	r Prefabricated Oth	er (describe)
Dimensions of Struc	cture: WidthLength	<u> </u>
Number of Stories is	n Structure(s)	
Contractor (if applicable)		
General Contractor		Phone
Plumbing Contractor		
Mason & Concrete Contractor		Phone

_Phone_____

Heating & Venting Contractor_____

Excavation Contractor	Phone
Sprinkler Contractor	Phone
Forms & Items to Return with Application	
☐ Certificate of Survey or Absence of Certified	Survey
☐ One SMALL SET of Construction Plans for	file
☐ One Set of FULL SIZE Construction Plans	
☐ Signed Property Disclaimer (if applicable)	
☐ Architectural Plan if Required by Code	
Your application will be defe	rred <u>until</u> all items above are provided
I hereby certify that I have read and examined this ap	oplication and know the same to be true and correct. All
provisions of Laws and Ordinances governing this ty	rpe of work will be compiled with whether specified herein
or not. I have identified all property boundaries, ease	ments, flood zones, and/or wetlands existing on the
property on my site plan and application. The understand	signed further agrees the City and its' administrative staff
relied on the accurateness of this application, plans a	nd specifications relative to this project and holds the City
of Freeport, and its employees harmless from all liab	ility 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