

RESIDENTIAL REMODEL/DECKS PERMIT APPLICATION

City of Albany-P. O. Box 370, Albany, MN, 56307 (320)845-4244 Fax:(320)845-2346

For Office Use Only	Permit Fee: _____
Permit # _____	Surcharge: _____
Date Received: _____	Plan Check: _____
PID # _____	TOTAL DUE : _____

Site Address	
Property Owner(s) Name(s) PLEASE TYPE OR PRINT LEGIBLY	
Daytime Phone #	
Owner(s) Address (if different from above)	
Legal Description of Site LOT: BLOCK: ADDITION:	CIRCLE TYPE OF IMPROVEMENT: REPLACE WINDOWS RESIDE* RESHINGLE REMODEL DECK** *Describe type of siding if your project is residing: **Attach a SITE PLAN if your project is to construct a deck OTHER:
APPROXIMATE START DATE: _____ / _____ / _____	
ESTIMATED COST OF PROJECT (including materials & labor): \$ _____	
LICENSED CONTRACTOR'S NAME: _____ (If the owner is acting as his/her own General Contractor, the attached Licensed Contractor Disclaimer must be signed.)	
LICENSE NUMBER: _____	
MAILING ADDRESS: _____ PHONE NUMBER(S): _____	

I hereby certify that I have read and examined this application and know the same to be true and correct. All provision 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 Albany, and its employees harmless from all liability arising from the granting of this permit.

AUTHORIZED SIGNATURE OF OWNER(s) OR CONTRACTOR

TOM SCHNEIDER, ZONING ADMINISTRATOR

DAN MARTHALER, BUILDING OFFICIAL
1-320-249-7533