

CITY OF CLARKFIELD PERMIT APPLICATION

FOR RESIDENTIAL, REROOF, RESIDE, AND WINDOW REPLACEMENT

Return all forms to: City of Clarkfield
Building Department
904 10th Avenue
Clarkfield, MN 56223

Phone: (320) 669-4435

Fax: (320) 669-4815

Building Official Contact:

Cell 1: (320) 226-5189

Fax: (651) 846-6034

Email: dri101@live.com

Office Use Only	
Building Permit No.	_____
Date Received:	_____
Reroof	\$ _____
Reside	\$ _____
Window Replacement	\$ _____
Surcharge	\$ _____
Total	\$ _____

Applicant must fill out all information on this form that is applicable to the project - Please Type or Print

SECTION 1- DIRECTORY INFORMATION

Check appropriate box:

Reroof

☐

Reside

☐

Window Replacement

☐

Project Street Address: _____

Email: _____

Owners Name: _____

Phone: _____

Address: _____

Contractor: _____

Phone: _____

Address: _____

License No.: _____

Comments: _____

Address: _____

Applicant's Estimated Construction Cost (include materials & labor)

\$ _____

SECTION 2- TYPE OF CONSTRUCTION

IMPORTANT: If any gas meters need to be moved, contact Great Plains Natural Gas Company at 320-269-5529.

If electrical wires are above ground, contact Excel Energy utilities at 800-481-4700.

If any water meters need to be moved, contact Clarkfield Municipal utilities at 320-669-4435.

I hereby certify that I have completed, read and examined this application and know the same to be true and correct, I accept responsibility for compliance with all applicable laws, notifications, and city provisions. The granting of this permit does not presume to give authority to violate or cancel the provision of any other state or local law regulating construction or the performance of construction.

Applicant' Signature _____ Date _____

Applicant's Name - Printed _____

Address _____

SECTION 3 - APPROVAL BY BUILDING OFFICIAL

Authorized Approval Signature _____ Date _____