



## **Fire and Building Safety (FABS)**

City of Elk River  
13065 Orono Pkwy. NW  
Elk River, MN 55330

**Inspection scheduling:  
763.635.1060**

[ERFD.FABS@ElkRiverMN.gov](mailto:ERFD.FABS@ElkRiverMN.gov)

**City of Elk River**

Fire and Building Safety Division (FABS)

**Reroof- Residential/Commercial**

**Permit Application**

Office Use Only

Notes  - Scan

**Permit Total**

Date \_\_\_\_\_ Permit # \_\_\_\_\_ PID # \_\_\_\_\_ \$ \_\_\_\_\_

**Site Address** \_\_\_\_\_ Suite/Unit \_\_\_\_\_

**Structure Type**  Single Family  Townhouse  Multi-family  Commercial  Garage  Outbuilding  Shed

**Construction Type**  New  Addition  Remodel  Repair  Alter.  Other \_\_\_\_\_

**The Applicant Is**  Owner  Contractor  Other \_\_\_\_\_

**Property Owner**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Contractor**

Name \_\_\_\_\_ License/Bond \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ (Please Print Clearly)

Fax # \_\_\_\_\_ Email \_\_\_\_\_

Call for credit card payment  Email permit/receipt (*All permits with plans will need to be picked up*)

**Describe Work** \_\_\_\_\_

\_\_\_\_\_ (Commercial) - # of Sq. Feet \_\_\_\_\_

**Total Job Valuation \$** \_\_\_\_\_

*•This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.*

*•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. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction..*

Signature of Contractor/Responsible Party \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Property Owner \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Inspector Use Only** Called  or L/M  Date: \_\_\_\_\_ Int. \_\_\_\_\_

Last Modified 11/10/2015