



REROOF

Permit Application

Office Use Only

Notes - Scan

Permit Total:

\$ _____

Date: _____

Permit #: _____

City of Elk River

Fire and Building Safety Division

13065 Orono Parkway NW • Elk River, MN 55330

763.635.1060 • Fax: 763.635.1090

E-mail: ERFD.FABS@ElkRiverMN.gov

Site Address: _____ **PID #** _____

Structure Type: Single Family Multi-family Townhouse

Construction Type: New Addition Remodel Repair Alteration Other _____

The Applicant Is: Owner Contractor Other _____

Property Owner:

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____

Contractor:

Name _____ License/Bond _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____

Call for credit card payment

▪ If different than above, please note: Phone: _____

Email permit / receipt

▪ If different than above, please note: Email: _____

• PLEASE COMPLETE OTHER SIDE OF APPLICATION •

Inspector Use Only

Approved by: _____ Date: _____

Hard Card or Soft Card - Soft card reference permit # _____

Called or L/M Date: _____ Int. _____

Detailed description of work:

Total Job Valuation \$ _____

----- **This is an application for a permit – It is not valid until processed** -----

I hereby apply for a Reroof permit, and I acknowledge that the information above is complete and accurate; that I understand this is not a permit and work is not to start without a permit.

I understand and hereby agree that the work for which the permit issued shall be performed according to; (1) the conditions of the permit; (2) the approved plans and specifications; (3) the applicable city approvals, ordinances, and codes; and, (4) the state building/mechanical codes and regulations.

I understand that the permit will expire, and become null and void if work is not started within 180 days, or if work is suspended or abandoned for a period of 180 days any time after work has commenced; and, that I am responsible for ensuring that all required inspections are requested in conformance with the state building code.

Name of Applicant (print or type) _____

Signature of Applicant _____ **Date** _____