



# REROOF

## Permit Application

Office Use Only

Notes  - Scan

**Permit Total:**

\$ \_\_\_\_\_

### City of Elk River

Fire and Building Safety Division

13065 Orono Parkway NW • Elk River, MN 55330

763.635.1060 • E-mail: [ERFD.FABS@ElkRiverMN.gov](mailto:ERFD.FABS@ElkRiverMN.gov)

Date: \_\_\_\_\_

Permit #: \_\_\_\_\_

**Site Address:** \_\_\_\_\_ **PID #** \_\_\_\_\_

Property Type:  Single Family  Multi-family  Twin home  Commercial  Industrial  Institutional

Construction Type:  New  Addition  Remodel  Repair  Alteration  Other \_\_\_\_\_

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

### Property Owner:

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

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

Email \_\_\_\_\_

### Contractor:

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

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

Office Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

### Payment Options:

Call me for credit card payment (If different than above, please note: Phone: \_\_\_\_\_)

Send Check (Please make checks payable to the City of Elk River)

Pay in person via Credit Card, Check, or Cash

### Receipt of Permit Options:

Email permit (If different than above, please note: Email : \_\_\_\_\_)

Pick up in person (All permits with plans needs to be picked up)

**• PLEASE COMPLETE OTHER SIDE OF APPLICATION •**

### Office Use Only

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Hard Card  or Soft Card  - Soft card reference permit # \_\_\_\_\_

Called  or L/M  Date: \_\_\_\_\_ Int. \_\_\_\_\_

**Detailed description of work:**

\* Commercial Properties, please indicate total square feet: \_\_\_\_\_

**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. 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.

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<b>Signature of Contractor/Responsible Party</b>	<b>Print Name</b>	<b>Date</b>
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<b>Signature of Property Owner</b>	<b>Print Name</b>	<b>Date</b>
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