

CITY OF WINONA - Protective Inspection Department
 207 Lafayette Street, Winona, MN 55987
 (507)457-8231; FAX (507)457-8212

ROOFING PERMIT APPLICATION

(Please print or type)

PERMIT NO. _____

Receipt # _____

Property Address: _____ Suite/Unit No. _____

Applicant is: Owner _____ Contractor _____ Other _____ Phone No. _____

Property Owner: _____

Address: _____

Contractor: _____ Phone No. _____

Address: _____ City: _____

State License No.: _____ **City Contractor No. _____

Brief Description of Work: _____

Job Cost: _____ Credit Card _____ Cash _____ Check _____

The undersigned hereby makes application for a building permit and understands work cannot start without a permit; agrees that all work will be done in compliance with the State Building Code, City Ordinances and approved plans.

Applicants Signature _____

Date _____

Permit	_____	\$ 52.50	_____
Plan Review	_____		_____
Surcharge	_____	5.00	_____
TOTAL	_____	\$57.50	_____

Approved by _____ Date _____

Ownership: (1) Private _____ (2) Public _____

CLASS OF WORK: _____NEW _____FOU _____REM _____DEM _____REP _____RPL _____ADD

USE TYPE:

Residential:

_____	single (101)	_____	condo (106)
_____	two-family (103)	_____	single attached (102)
_____	5 or more (105)	_____	3-4 family (104)
_____	garage, carport, shed (438)	_____	hotel, motel (213)
		_____	mobile home (401)

Nonresidential:

_____	amusement, recreational (318)	_____	office, bank, professional (324)
_____	church, other religious (319)	_____	public utility (325)
_____	industrial (320)	_____	schools, other educational (326)
_____	parking garage (321)	_____	stores, mercantile (327)
_____	service station, repair gar. (322)	_____	other nonresidential (328)
_____	hospital, institutional (323)	_____	structure other than bldgs. (329)