

**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	_____	\$ 59.00
Plan Review	_____	
Surcharge	_____	1.00
<b>TOTAL</b>	_____	<b>\$60.00</b>

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Ownership: (1) Private \_\_\_\_\_ (2) Public \_\_\_\_\_

CLASS OF WORK: \_\_\_\_\_NEW \_\_\_\_\_FOU \_\_\_\_\_REM \_\_\_\_\_DEM \_\_\_\_\_REPAIR \_\_\_\_\_REPLACE \_\_\_\_\_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)