



**City Of Wyoming - Department Of Building Safety**

26885 Forest Blvd., PO Box 188

Wyoming, MN 55092

Phone (651) 462-4947 Fax (651) 462-0576

**Application for Building Permit (Roofing, Siding or Window Replacement)**

**NOTE: THERE IS A PENALTY FOR CONSTRUCTION PRIOR TO ISSUANCE OF THE PERMIT.**  
**ALL FEES MUST BE PAID.**

**Please Print**

Site Address \_\_\_\_\_  
address city State zip

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

Legal Description Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Sec \_\_\_\_\_ Twp 33N Range 21W Zone \_\_\_\_\_

PIN (Tax) Number R 21.

Builder/Contractor Name \_\_\_\_\_ License # \_\_\_\_\_  
PLEASE PRINT

Contact Person \_\_\_\_\_

Address \_\_\_\_\_  
address city State zip

Phone \_\_\_\_\_

Type of work: Roofing \_\_\_\_\_ Siding \_\_\_\_\_ Window / Door Replacement \_\_\_\_\_

Roofing Material \_\_\_\_\_ Tear off Existing? \_\_\_\_\_

Siding Material \_\_\_\_\_ Tear off Existing? \_\_\_\_\_

Number of squares: Roofing \_\_\_\_\_ Siding \_\_\_\_\_

Number of windows / doors: \_\_\_\_\_

Valuation of completed work \$ \_\_\_\_\_ (Labor & Materials)

Desired start date \_\_\_\_/\_\_\_\_/\_\_\_\_ Estimated completion date \_\_\_\_/\_\_\_\_/\_\_\_\_

The undersigned agrees to do all work in conformance with The Minnesota State Building Code and herewith declares that all facts and representations on this application are true and correct.

**THE UNDERSIGNED AGREES TO NOTIFY THE INSPECTIONS DEPT. WHEN READY FOR INSPECTION.**

Signature of Applicant \_\_\_\_\_ date \_\_\_\_/\_\_\_\_/\_\_\_\_

**OFFICE USE ONLY**

APPROVED / DISAPPROVED By: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Official

Permit # \_\_\_\_\_ Date Paid \_\_\_\_/\_\_\_\_/\_\_\_\_ Check # \_\_\_\_\_