



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 # _____