

EUREKA TOWNSHIP

RESIDENTIAL ROOFING / RESIDING / WINDOW PERMIT APPLICATION

Eureka Township / 25043 Cedar Avenue, Farmington MN 55024
 Phone: (952) 469-3736 / Email: deputyclerk@eurekatownship-mn.us

PARCEL ID #		PERMIT #				
SITE INFORMATION						
Owner Name		Email		Phone		
Site Address		City	State	Zip		
APPLICANT/CONTRACTOR INFORMATION						
Applicant/Contractor Name			License Number			
Contact Person		Email				
Address		City	State	Zip		
Cell Phone		Phone		Fax		
RESIDENTIAL:						
Type of Work	<input type="checkbox"/> New	<input type="checkbox"/> Replace	# Of Fixtures	Permit Fee	State Surcharge	Total
<input type="checkbox"/> Re-roof				\$100	\$1	\$
<input type="checkbox"/> Re-side				\$100	\$1	\$
<input type="checkbox"/> Windows				\$100	\$1	\$
<input type="checkbox"/> Doors				\$100	\$1	\$
<input type="checkbox"/> Other						\$
Permit Total:				\$	\$	\$
Project Description:						

COMMERCIAL / INDUSTRIAL			
Job Type	Permit Fee	State Surcharge	Total
Estimated Value of Work (Contract Price) \$	\$	\$	\$
Project Description:			

Applicant hereby agrees that, upon issuance of this permit, all work shall be done and all materials used shall be in compliance with all applicable township, city and county ordinances. The applicant agrees to abide by all zoning regulations and to utilize this structure for its permitted use. Signature of this application by the legal property owner or owner's representative is required and authorizes the Township Zoning Administrator or designee and the Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice.

The property owner agrees to pay all plan review fees even if he/she chooses not to proceed with the work. Permit expires when work is not commenced within 180 days from date of permit, or if work is suspended, abandoned or not inspected for 180 days. Work beyond the scope of this permit, or work without a permit or inspection will be subject to penalty.

Signature of Applicant:	Date:
Printed Name of Applicant:	

Township Use Only

Deputy Clerk: _____ **Date:** _____

Complete **Date:** _____ Incomplete **Notification sent:** _____

Notes:

Zoning Administrator: _____ **Date:** _____

Application Fee \$

Date Paid:

Receipt #

Cash Check #

Permit Valuation	
Inspection Fee	\$
Other	\$
Total Fees	\$

Special Conditions of Permit:

Building Official Approval:

Signature Date

Occupancy Type: _____

Construction Type: _____

Code Used: _____

Building Sprinkled Yes No