

Revised: 4/23/2019

CITY OF RED WING BUILDING PERMIT APPLICATION



Date of Application:	Contractor License# and Expiration Date
Job Address:	
Year Built Lead Cert. #	PIN#
OWNER INFORMATION	CONTRACTOR INFORMATION
Name:	Name:
Address:	Address:
Phone:	Phone:
Email:	Email:
PROPERTY TYPE	CONSTRUCTION TYPE
☐ Civic & Institutional ☐ Commercial ☐ Industrial ☐ Residential - 1 & 2 Family ☐ Residential - Multi-Family ☐ Residential - Townhome/Tracthome Value of Work: \$	
New Builds: If this address will be serviced by City sewer, water or stormwater then additional charges will likely apply. These	
fees are in addition to building permit fees.	
Describe Work:	
This permit becomes void if work or construction is is abandoned for a period of 180 days at any time and examined this application and know the same governing this type of work will be complied with w not presume to give authority to violate or cancel the performance of construction. If project involved and understand the notice of "Erosion Control Required."	hbing, Heating/Ventilation/Air Conditioning, and Signs on the commenced within 180 days or if work or construction after work has commenced. I hereby certify that I have read to be true and correct. All provisions of Law and Ordinance thether specified herein or not. The granting of a permit does not provisions of state or local law regulating construction yes grading or excavating, I hereby certify that I have read quirements and will comply with these requirements.
	rstand & will adhere to all Work in City Right of Way Guidelines for
	Aprons & Sidewalks.
CITY SERVICES BILLING ACTIVATION FOR NEW CONSTRUCTION	
 for residential accounts, refuse and recy for residential accounts not serviced by recycling services with the Public Works 	es will begin immediately upon issuance of a water meter. I cling charges will begin 30 days after issuance of a water meter. I city sewer and water, I am required to set up refuse and Department. I provided by a City of Red Wing licensed hauler.
SIGNATURE: PRINTED NAME:	
OFFICE USE ONLY	
DATE FAXED TO PUBLIC WORKS DEPT. PLAN REVIEW Y/N TYPE OF CONSTRUCTION	OCCUPANCY CODE ZONING # OF DWELLING UNITS

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