



COMMUNITY SERVICES DIVISION

Environmental Health & Inspections

GOVERNMENT CENTER • 200 FOURTH AVENUE WEST • SHAKOPEE, MN 55379-1220
(952) 496-8475 • Fax (952) 496-8496 • Web <http://www.co.scott.mn.us>

APPLICATION FOR RESIDENTIAL ROOFING AND/OR RESIDING PERMIT SCOTT COUNTY, MINNESOTA

Township/City: _____

----- County Use Only -----

Project Address _____

Permit Number _____

Post Office City _____ Zip _____

Receipt Number _____

Applicant Fill Out Information Below:

Applicant _____

Phone (Home) _____ (Work) _____

Address _____

City _____ State _____ Zip _____

Owner(if other than applicant) _____

Phone(home) _____ (Work) _____

Contractor Name _____

Phone (Home) _____ (Work) _____

State Contractor's License Number _____

The above applicant applies for a permit to (circle): **REROOF** **RESIDE** Use: _____ (house, garage, etc.)

The Applicant hereby agrees that, upon issuance of this permit, all work shall be done and all materials used shall be in compliance with any applicable township, city and county ordinances. The applicant agrees to abide by all zoning regulations, and utilize this structure for its permitted use.

Applicant's Signature

Date

----- County Use Only Here To Bottom -----

Approved Denied By Building Official subject to existing regulations and the following conditions:

ALL MATERIALS AND LABOR TO COMPLY WITH STATE BUILDING CODE

Signature _____ Date _____

Additional Comments:

Reroof Permit (Each) \$ 85.00

Reside Permit (Each) \$ 85.00

Total Reside Permits: _____

Total Reroof Permits: _____

State Surcharge
(\$5.00 per permit) _____

TOTAL FEE(S) \$ _____