

City of Crosby

2 Second Street SW, Crosby, MN 56441

218.546.5021 ~ www.cityofcrosby.com

Date Received: _____

Date Issued: _____

Fee Paid: _____

Receipt #: _____

Permit #: _____

Re-Roofing Permit Application

Owner: _____ Phone: _____ Email: _____

Home Address: _____ City/State/Zip: _____

Project Address: _____ PID #: _____

Legal Description: _____

Roofing Contractor: _____ License #: _____ Phone: _____

Address: _____ City/State/Zip: _____

Email: _____

A license number is not required if an owner is re-roofing their own home. Check here if you are doing the work yourself.

Type of building being re-roofed: House Garage Other

Is the existing roof covering being taken off? Yes No If no, how many layers are there now? _____

What type of roof covering is being installed? _____

Are you replacing roof sheathing, rafters, roof vents, etc.? Describe all work being done: _____

Value of Project: \$ _____ Property Zoned: _____

I hereby certify with my signature that all data on this application is true and correct to the best of my knowledge.

Signature of Applicant / Owner Agent: _____

Name (Print): _____ Date: _____

Address: _____ Phone: _____

CITY USE ONLY

BUILDING OFFICIAL: Reviewed By: _____ Date: _____

Subject to the following conditions: Call for inspection 48 hours in advance of when the roofing is complete. To schedule an inspection call 218.940.1682. Provide a ladder onsite for roof access, see attached handout.

Current Septic Compliance on file? Yes No Date: _____

PUBLIC WORKS: Reviewed by: _____ Date: _____

Subject to the following conditions: _____

FEES

Building Permit: _____ Plan Review: _____ State Surcharge: _____

TOTAL DUE: _____

2 copies (1 applicant / 1 3 hole punch for file)