



8319 County Road 11
Breezy Point, MN 56472
Phone: (218) 562-4441
www.cityofbreezypointmn.us

Permit #: _____

Issued On: _____

Fee Paid: _____

Receipt #: _____

Re-Roofing Permit Application

Owner: _____ Phone: _____

Home Address: _____ City/State/Zip: _____

Project Address: _____ PID #: _____

Legal Description: _____

Roofing Contractor: _____ License # : _____ Phone: _____

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: _____

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.

PUBLIC WORKS: Reviewed by: _____ Date: _____

Subject to the following conditions: _____

FEES

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

TOTAL DUE: _____