

<b>FOR</b>	Permit # _____	Permit Fee _____
<b>OFFICE</b>	PID # _____	Surcharge _____
<b>USE</b>	Date Recd _____	Plan Check _____
<b>ONLY</b>	Zoning District _____	Total Fee _____

**City of Avon**  
 PO Box 69 Avon MN 56310  
 PH (320) 356-7922 FAX (320) 356-2259

## Residential Remodel Building Permit Application

1. Site Address \_\_\_\_\_, Avon MN 56310
2. Owner(s) \_\_\_\_\_ Daytime Phone \_\_\_\_\_
3. Owner's Address (if different from above) \_\_\_\_\_
4. Type of Improvement (circle those that apply) *Reside Reshingle Remodel Window Replace.*
5. If remodeling, describe in detail work to be done \_\_\_\_\_
6. Was this dwelling built before 1978? \_\_\_\_\_ If yes, Contractor No. \_\_\_\_\_  
 Lead Certification No. \_\_\_\_\_ Lead Certification License verified by: \_\_\_\_\_
7. If residing, describe type of siding \_\_\_\_\_
8. Approximate Start Date \_\_\_\_\_
9. Estimated Cost of Project (Including Materials & Labor): \$ \_\_\_\_\_
10. Licensed Contractor's Name & License No.:  
 Name: \_\_\_\_\_ License No.: \_\_\_\_\_

If owner is acting as their own General Contractor they must sign the Licensed Contractor Disclaimer.

**I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel all the provisions of any other state or local law regulating construction.**

\_\_\_\_\_  
**Authorized Signature of Owner or Contractor**

\_\_\_\_\_  
**Zoning Administrator**

\_\_\_\_\_  
**Building Official**

This Permit Expires One Year From:  
 \_\_\_\_\_