

FOR	Permit # _____	Permit Fee _____
OFFICE	PID # _____	Surcharge _____
USE	Date Recd _____	Plan Check _____
ONLY	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:

BUILDING PERMIT APPLICANT: PROPERTY OWNER

I understand that the State of Minnesota requires that all residential building contractors, remodelers and roofers obtain a state license unless they qualify for a specific exemption from the licensing requirements. By signing this document, I attest to the fact that I am building or improving this house myself. I hereby claim to be exempt from the state licensing requirements because I am not in the business of building on speculation or for resale and that the house for which I am applying for this permit, located at _____, is the first residential structure I have built or improved in the past 24 months. I also acknowledge that because I do not have a state license, I forfeit any mechanic's lien rights to which I may otherwise have been entitled under Minnesota Statutes §514.01.

Furthermore, I acknowledge that I may be hiring independent contractors to perform certain aspects of the construction or improvement of this house and I understand that some of these contractors may be required to be licensed by the State of Minnesota. I understand that unlicensed residential contracting, remodeling, and/or roofing activity is a misdemeanor under Minnesota Statutes §326.92, Subd. 1, and that I would forfeit my rights to reimbursement from the Contractor's Recovery Fund in the event that any contractors I hire are unlicensed.

I also acknowledge that as the contractor on this project, I am solely and personally responsible for any violations of the State Building Code and/or City ordinance in connection with the work performed on this property.

Signature of Property Owner

Date

To determine whether a particular contractor is required to be licensed, or to check on the licensing status of individual contractors, please call the Minnesota Department of Commerce, Enforcement Division, at (612) 296-2594 or toll free at 1-800-657-3602.