

**CITY OF PENNOCK PERMIT APPLICATION
FOR RESIDENTIAL, REROOF, RESIDE, AND WINDOW REPLACEMENT**

Return all forms to: City of Pennock
205 NW 2nd St.
PO Box 159
Pennock, MN 56279
Phone: 320-599-4546
Fax: 320-599-4549

Office Use Only		
City Pin: _____	Building Permit No. _____	
Lot: _____	Date Received: _____	
Block: _____	Reroof \$ _____	
Addition: _____	Reside \$ _____	
_____	Window Replacement \$ _____	
_____	Surcharge \$ _____	
_____	Total \$ _____	

Applicant must fill out all information on this form that is applicable to the project – please type or print

SECTION 1 – DIRECTORY INFORMATION

Check appropriate box: Reroof Reside Window Replacement

Project Street Address: _____ Zoning District: _____

Owner: _____ Phone: _____

Address: _____

Contractor: _____ Phone: _____

Address: _____

Contractor License No.: _____

Comments: _____

SECTION 2 – APPLICANT / OWNER SIGNATURE

I hereby certify that I have completed, read and examined this application and know the same to be true and correct, I accept responsibility for compliance with all applicable laws, notifications, and city provisions. The granting of this permit does not presume to give authority to violate or cancel the provision of any other state or local law regulating construction or the performance of construction.

Applicant's Signature: _____ Date: _____

Applicant's Name – Printed: _____

Address: _____

SECTION 3 – APPROVAL BY CITY BUILDING OFFICIAL

Authorized Approval Signature: _____ Date: _____