


<b>City of Carlos</b> <b>BUILDING PERMIT</b>  PO Box 276 Phone: (320) 852-3000 Fax: (320) 852-1000	<i>-For office use only-</i>		<i>-For office use only-</i>	
	Permit Fee:	_____	Permit Number:	_____
	Plan Review Fee:	_____	Date Issued:	_____
	State Surcharge:	_____	Payment Received:	_____
	<b>TOTAL FEE:</b>	_____		

<b>Site Address:</b> _____	<b>Parcel Number:</b> _____
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<b>Property Owner Name:</b> _____			
<b>Address:</b> _____	<b>City:</b> _____	<b>State:</b> _____	<b>Zip :</b> _____
<b>Home Phone:</b> _____		<b>Cell Phone:</b> _____	

<u>Type of Improvement</u>				
<input type="checkbox"/> Build New	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Repair	<input type="checkbox"/> Move
<input type="checkbox"/> Re-shingle	<input type="checkbox"/> Reside	<input type="checkbox"/> Window Replacement	<input type="checkbox"/> Raze	<input type="checkbox"/> Other

<b>Structure to be Used as:</b> _____	<b>Sq. Ft.</b> _____	<b>Estimated Cost:</b> _____
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<b>Applicant is:</b> <input type="checkbox"/> Owner <input type="checkbox"/> Licensed Contractor <input type="checkbox"/> Architect/Engineer <input type="checkbox"/> Other
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<b>Contractor Name:</b> _____		<b>License Number:</b> _____	
<b>Address:</b> _____	<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____
<b>Contact Name:</b> _____		<b>Phone:</b> _____	

<b>Excavator:</b> _____			
<b>Address:</b> _____	<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____
<b>Contact Name:</b> _____		<b>Phone :</b> _____	

<b>Plumbing Contractor:</b> _____			
<b>Address:</b> _____	<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____
<b>Contact Name:</b> _____		<b>Phone:</b> _____	

<b>Mechanical Contractor:</b> _____			
<b>Address:</b> _____	<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____
<b>Contact Name:</b> _____		<b>Phone :</b> _____	

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
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Agreement: I, the undersigned certify that the information contained herein is correct and agree to do the proposed work in accordance with the description set forth in this permit, and according to the provisions set forth in the Minnesota State Building Code and the ordinances of the City of Carlos.

Signature of Permit Holder \_\_\_\_\_ Building Official Approval \_\_\_\_\_