

Invoice Number _____

CITY OF WINONA - Protective Inspection Department
207 Lafayette Street, Winona, MN 55987
(507)457-8231; FAX (507)457-8212, Email: inspections@winonamn.gov

ROOFING/WINDOW/SIDING/SOLAR PERMIT APPLICATION _____

PERMIT NO. _____

Receipt # _____

Property Address: _____ **Suite/Unit No.** _____

Applicant is: Owner Contractor Other

Property Owner: _____ **Phone No.** _____

Address: _____ **City** _____ **State** _____ **Zip Code** _____

Contractor: _____ **Phone No.** _____

Address: _____ **City** _____ **State** _____ **Zip Code** _____

State License No.: _____

Brief Description of Work: _____

Job Cost: _____ **Permit Payment Type:** Credit Card Cash Check

The undersigned hereby makes application for a building permit and understands work cannot start without a permit; agrees that all work will be done in compliance with the State Building Code, City Ordinances and approved plans.

Applicants Name _____

Date _____

Permit _____

Plan Review _____

Surcharge \$1.00

Approved by _____

Date _____

TOTAL _____

Residential Roofs: \$69.00 +\$1.00 Surcharge, Commercial Roofs: \$134.00 +\$1.00

GRAYED AREA FILLED IN BY STAFF ONLY

Ownership: (1) Private _____ (2) Public _____

CLASS OF WORK: ____NEW ____FOU ____REM ____DEM ____REPAIR ____REPLACE ____ADD

USE TYPE:

Residential:

_____	single (101)	_____	5 or more (105)
_____	single-attached (102)	_____	condo (106)
_____	two-family (103)	_____	hotel, motel (213)
_____	3-4 family (104)	_____	mobile home (401)
		_____	garage, carport, shed (438)

Nonresidential:

_____	amusement, recreational (318)	_____	office, bank, professional (324)
_____	church, other religious (319)	_____	public utility (325)
_____	industrial (320)	_____	schools, other educational (326)
_____	parking garage (321)	_____	stores, mercantile (327)
_____	service station, repair gar. (322)	_____	other nonresidential (328)
_____	hospital, institutional (323)	_____	structure other than bldgs. (329)