

# CITY OF GLYNDON

PO Box 223 – 36 3<sup>rd</sup> St S, Glyndon, MN 56547  
(218) 498-2578 or Fax (218) 498-2579

## NEW CONSTRUCTION RESIDENTIAL BUILDING PERMIT APPLICATION CHECKLIST

Address of Building Site:			
Parcel Number:			
Year Home Constructed:			
Legal Description:			
Type of Improvement: New___ Alternation___ Addition___ Repair___ Reroof___ Raze___ Move___			
Project Description:		Estimated Cost:	
Applicant Is: Owner___ Licensed Contractor___ Architect/Engineer___ Project Manager___ Other___			
Property Owner Name:		Phone:	
Street Address:	City:	State:	Zip:
Contractor Name:	Phone #:	License #:	
Mechanical Contractor Name:	Phone #:		
Plumbing Contractor Name:	Phone #:		
Electrical Contractor Name:	Phone #:		
Type of Structure: ___ Rambler ___ Bi-Level ___ Split Level ___ 2 Story ___ Twin Home			
Type of Foundation:			
Size of Building: (Dimensions)			
Total Height of Structure:			
Type of Construction:	Occupancy:	Sprinkler System: Yes No	
Sq. Footage of Building:	Sq. Footage of Garage:		
<b>A Zoning Certificate/Site Plan must be completed and attached to this form.</b>			
<b>One Set of Blueprints with wall section/cross section.</b>			
<b>One Set of Floor Truss and Roof Truss drawings.</b>			
The City of Glyndon requires 24 hours for review. Applicant will be notified of review completion.			