

CITY OF GLYNDON
 PO Box 223, 36 3RD 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:			
Legal Description:			
Proposed construction start date:			
Type of Structure: <input type="checkbox"/> Rambler <input type="checkbox"/> Bi-Level <input type="checkbox"/> Split Level <input type="checkbox"/> 2 Story <input type="checkbox"/> Twin Home			
Estimated Value:			
Applicant Is: <input type="checkbox"/> Owner <input type="checkbox"/> Licensed Contractor			
Property Owner Name:		Phone:	
Street Address:	City:	State:	Zip:
Contractor Name:	Phone#	License #	
Mechanical Contractor Name:	Phone #		
Plumbing Contractor Name:	Phone #		
Type of Foundation:			
Size of Building: (Dimensions)			
Total Height of Structure:			
Lot Square Footage:			
Sq. Footage of Main Level:		Sq. Footage of Garage:	

*******MANDATORY***** Application Attached**

*Type of Balanced Mechanical Ventilation System:
*TOTAL VENTILATION RATE:
*A Site Plan must be completed and attached to the signed blueprints.
*One Set of Blueprints with wall section/cross section.
*One Set of Floor Truss and Roof Truss drawings.

The City of Glyndon requires 24 hours for review. Applicant will be notified of review completion.