Residential Building Permit Application

City of Glyndon
Minnesota

Property Owner Information

Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Email: _____

Project Site Address: _____

Contractor Information

Company: _____

Contact Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Email: _____

License Number: _____

Class of Work:

☐ NEW ☐ ADDITION ☐ ALTERATION ☐ OTHER

Anticipated Start Date: _____

Total Project Valuation: _____

Square Footage: _____

Sub Contractors: (If applicable)

Plumbing _____

Mechanical _____

Electrical _____

Description of Work (For residential garages, additions, decks, and porches, please draw a site plan including setbacks from property lines, on the back of this permit application):

Type of Structure: ☐ Rambler ☐ Twin Home ☐ 2 Story ☐ Bi-Level ☐ Split Lvl

Parcel Number: _____

Legal Description: _____

NEW CONSTRUCTION Must Also Include:

(1) Set of Blueprints with wall section/cross section.
(1) Set of Floor Truss and Roof Truss LAYOUT ONLY.

Type of Balanced Mechanical Ventilation System: _____

TOTAL VENTILATION RATE: _____

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

Applicant signature:

Date: