

**RESIDENTIAL REPLACEMENT ROOFING/SIDING/WINDOWS/DOORS BUILDING PERMIT APPLICATION**  
**THIS APPLICATION IS FOR A BUILDING PERMIT ONLY FOR 1 OR 2 FAMILY DWELLINGS AND TOWNHOMES**

**Site/Building Information**

Address \_\_\_\_\_ Unit # (if applicable) \_\_\_\_\_  
 Type of building:  Single Family Dwelling  Two-Family Dwelling (Duplex)  Other \_\_\_\_\_  
 Applicant is:  Contractor  Owner **Project Valuation (REQUIRED) \$** \_\_\_\_\_  
 (Project valuation must include materials and labor whether done by contractor or owner)

**Owner Information**

Name \_\_\_\_\_ Email Address \_\_\_\_\_  
 Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Preferred Contact Method:  Phone  Email

**Contractor Information**

(Fill out only if contractor is pulling permit, contractor must sign application)

Company Name \_\_\_\_\_ Contractor License # \_\_\_\_\_  
 Contact Person's Name \_\_\_\_\_ EPA Lead Firm Certification # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email Address \_\_\_\_\_

**Window/Door Information**

Are any windows/doors changing size:  Yes  No (Replacement window/door larger or smaller than the existing window/door)  
 Are any windows/doors changing style/type:  Yes  No (Example: changing a casement window to a double hung)

If yes to either question above, is the window changing size and/or style/type in a bedroom:  Yes  No  
 If yes, and in a bedroom, will the new window meet current egress window requirements:  Yes  No

Are you adding a new window/door opening:  Yes  No  
 Are you adding a new egress window well or enlarging an existing window well:  Yes  No

**If you answered yes to any of the above questions, plans and a plan review may be required prior to permit issuance. See Replacement Window handout for more information.**

Amount of work being done:  All windows/doors are being replaced, including basement  
 Only a portion of windows/doors are being replaced;  
 Total # of replacement windows/doors \_\_\_\_\_

**Specific** location(s) of replacement windows/doors:

Main Level: \_\_\_\_\_  
 Upper Level: \_\_\_\_\_  
 Lower Level: \_\_\_\_\_

(Locations must be VERY specific, for example: # of replacement windows: 5; Specific location of replacement windows: Main Level: 1 in southeast bedroom, 1 in kitchen; Upper Level: 2 in master bedroom; Lower Level: 1 on west wall in family room)

**Roofing/Siding Information**

Reroof:  Tear-off Existing Roof  Overlay Existing Roof;  Entire Building(s)  Areas of Building(s)

Buildings/areas included: \_\_\_\_\_

Reside:  Tear-off Existing Siding  Overlay Existing Siding;  Entire Building(s)  Areas of Building(s)

Buildings/areas included: \_\_\_\_\_

(For building/areas included, list all buildings, for example: house, attached garage and shed. If only doing a portion of building, list specific portions, for example: West wall of House.)

**Applicant's Signature**

I hereby apply for a Building Permit and acknowledge that the information above is complete and accurate; and **that this is not a permit**. I state that all work herein will be done in accordance with the ordinances of the City of St. Cloud, the State of Minnesota and rulings of the Building Department. This permit becomes void if work does not begin within 180 days or is suspended at any time for over 180 days.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Printed Name \_\_\_\_\_

Typed name above shall constitute an electronic signature