


City of Carlos BUILDING PERMIT  PO Box 276 Phone: (320) 852-3000 Fax: (320) 852-1000	<i>-For office use only-</i>		<i>-For office use only-</i>	
	Permit Fee:	_____	Permit Number:	_____
	Plan Review Fee:	_____	Date Issued:	_____
	State Surcharge:	_____	Payment Received:	_____
TOTAL FEE:		_____		

Site Address: _____	Parcel Number: _____
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Property Owner Name: _____			
Address: _____	City: _____	State: _____	Zip: _____
Home Phone: _____		Cell Phone: _____	

<u>Type of Improvement</u>				
<input type="checkbox"/> Build New	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Repair	<input type="checkbox"/> Move
<input type="checkbox"/> Re-shingle	<input type="checkbox"/> Reside	<input type="checkbox"/> Window Replacement	<input type="checkbox"/> Raze	<input type="checkbox"/> Other

Structure to be Used as: _____	Sq. Ft. _____	Estimated Cost: _____
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Applicant is: <input type="checkbox"/> Owner	<input type="checkbox"/> Licensed Contractor	<input type="checkbox"/> Architect/Engineer	<input type="checkbox"/> Other
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Contractor Name: _____		License Number: _____	
Address: _____	City: _____	State: _____	Zip: _____
Contact Name: _____		Phone: _____	

Excavator:			
Address: _____	City: _____	State: _____	Zip: _____
Contact Name: _____		Phone: _____	

Plumbing Contractor:			
Address: _____	City: _____	State: _____	Zip: _____
Contact Name: _____		Phone: _____	

Mechanical Contractor:			
Address: _____	City: _____	State: _____	Zip: _____
Contact Name: _____		Phone: _____	

Comments: _____

Agreement: I, the undersigned certify that the information contained herein is correct and agree to do the proposed work in accordance with the description set forth in this permit, and according to the provisions set forth in the Minnesota State Building Code and the ordinances of the City of Carlos.

Signature of Permit Holder _____ Building Official Approval _____