

Date Received _____
Paid _____



883 261st Ave N.E. • Isanti, MN 55040
Phone (763) 444-8097
E-Mail: zoning@athenstownship.com
Mike Jungbauer 612-490-3142

Permit Number _____
Date Issued _____

GENERAL REPAIR/INSTALL PERMIT

SITE ADDRESS _____ Owner-occupied? YES NO

Owner's Name _____ Cell _____

Home Phone _____ Email _____

Contractor _____ License # _____

Contact Person _____ Cell _____ Lead Cert # _____

Address _____ Office Phone _____

PERMIT TYPE

- | | |
|--|--|
| <input type="checkbox"/> ROOFING -----\$126.00 | <input type="checkbox"/> SIDING-----\$126.00 |
| <input type="checkbox"/> WINDOWS 3 or less -----\$41.00 | <input type="checkbox"/> MOBILE HOME SET-UP-----\$150.00 |
| <input type="checkbox"/> WINDOWS 4 or more-----\$126.00 | <input type="checkbox"/> DEMOLITION (structure) --- \$151.00 |
| <input type="checkbox"/> MECHANICAL (PER UNIT) ----- \$126.00 | <input type="checkbox"/> FURNACE/AC ----- \$126.00 |
| <input type="checkbox"/> PLUMBING minimum ----- \$126.00 | <input type="checkbox"/> GAS LINE PRESSURE TEST----- \$45.00 |
| <input type="checkbox"/> SOLAR INSTALL (minimum) ----- \$126.00 | <input type="checkbox"/> MINIMAL REPAIR----- \$50.00 |
| <input type="checkbox"/> SOLAR PLAN REVIEW ----- \$100.00 | |
| <input type="checkbox"/> SWIMMING POOL (above-ground) ----\$126.00 | Type: _____ |

DESCRIPTION OF REPAIR _____

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Owner or permit holder

Signature of Office Personnel

Date

Date