



ROOFING/RESIDING/WINDOW PERMIT APPLICATION

Scott County Government Center / 200 4th Avenue West Shakopee, MN 55379-1200
Office: (952) 496-8160 / Fax (952) 496-8496

SITE INFORMATION Township		PID#		Permit#	
Site Address:		City		Zip	
PROPERTY OWNER INFORMATION					
Name		Email		Phone	
Address		City		State	Zip
APPLICANT INFORMATION					
Is the homeowner doing the work? <input type="checkbox"/> YES <input type="checkbox"/> NO – if no, the applicant must be a MN Licensed Contractor					
Applicant Name		Phone #:		License Number	
Address		City		State	Zip
Contact		Email			
RESIDENTIAL REPLACEMENT (select all that apply)					
Type of Residential Work		Permit Fee	State Surcharge	Total	
<input type="checkbox"/> Reroof		\$105.00	\$1.00		
<input type="checkbox"/> Reside		\$105.00	\$1.00		
<input type="checkbox"/> Windows/Doors – if creating new or altering existing opening use Building Permit Application	Window Full Frame _____	\$105.00	\$1.00		
	Window Inserts _____				
	Doors _____				
Project Valuation:			Permit Total		
COMMERCIAL REPLACEMENT (select all that apply)					
Type of Commercial Work		Permit Fee	Plan Review Fee	State Surcharge	
<input type="checkbox"/> Reroof		See Fee Schedule	X 65% of Permit Fee	X 0.005% of Permit Fee	
<input type="checkbox"/> Reside					
<input type="checkbox"/> Windows/Doors					
Project Valuation:					
*****Commercial Project: must submit all plans, details, and specifications*****					
I hereby certify that the information contained herein is correct and agree to do the proposed work in accordance as described about and according to the provisions of the ordinances of Scott County, the Minnesota State Building Codes. I further agree that any plans and specifications submitted herein shall become part of this permit application.					
Applicant Signature				Date	
TOWNSHIP: Permits requiring township signature (Required for New Commercial in St. Lawrence Township)					
Township Signature		Township Printed Name			Date