

Residential Maintenance Permit Application

Date:

Site Address:

PID:

Owner Information

Name:

Address:

City: State: Zip:

Phone:

Contact Information

Name:

Email:

Phone: Fax:

Res. Maint. Permit Routed to Metro West:	Permit #
<input type="text"/>	<input type="text"/>



City of Waconia
201 South Vine Street
Waconia, MN 55387
Phone: 952-442-2184
Fax: 952-442-2135
www.waconia.org

Noise Ordinance In Effect: Monday - Friday
before 7:00 a.m. and after 10:00 p.m.
Saturdays/Holidays before 9:00 a.m. and after 10:00 p.m.
Sundays before 10:00 a.m. and after 10:00 p.m.

Contractor Information

Name:

Address:

City: State: Zip:

Phone:

Contractor's License #:

Type of Work

Re-Roof

Est. valuation of work: # of squares being replaced:

Type of shingles being removed:

applied:

Color of shingles being removed:

applied:

Re-Window (replacement windows only-alteration of opening requires Building Permit Application)

Door Replacement (replacement door only-alteration of opening requires Building Permit Application)

Est. valuation of work:

of windows/doors being replaced:

Re-Side

Est. valuation of work: # of squares being replaced:

Type of siding being removed:

applied:

Color of siding being removed:

applied:

Detailed description of work to be performed:

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required and authorizes the City Zoning Administrator or designee and the City Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice. I hereby acknowledge that I have read this application and state that all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with approved plans, specifications and conditions and to abide by all ordinances of the City and the laws of the State of Minnesota regarding actions taken pursuant to this permit. **I agree to pay all plan review fees even if I choose not to proceed with the work.** Permit expires when work is not commenced within 180 days from date of permit, or if work is suspended, abandoned, or not inspected for 180 days. Work beyond the scope of this permit, or work without a permit or inspection will be subject to a penalty.

Applicant Signature: Date:

Printed Name: Signature is of: Owner Lic. Bldg. Contr. Other:

Office Use Only Below This Line

Valuation of Permit:	<input type="text"/>
Permit Fee:	<input type="text"/>
State Surcharge:	<input type="text"/>
Penalty/Other Fees:	<input type="text"/>
Total Due:	<input type="text"/>

Special Conditions of Permit:

Paid:	<input type="text"/>
Date:	<input type="text"/>
Receipt:	<input type="text"/>
By:	<input type="text"/>
Handout:	<input type="text"/>

City Approval By: Date: