

Date Received: _____

PERMIT NO: _____

**APPLICATION FOR BUILDING PERMIT
WINDOW/DOOR REPLACEMENT
CITY OF KASSON, MINNESOTA**

Applicant: _____	Phone No.: _____
Address: _____	Proposed Use: _____
Contractor: _____	Phone No: _____
State License No: _____	How Many Windows _____ Doors _____
Building Site Location/New Address: _____	

**THE ATTACHED ITEMS ARE CONDITIONS
FOR PERMIT ISSUANCE FOR WINDOW/DOOR
REPLACEMENT.**

STRICT COMPLIANCE IS MANDATORY.

Call CMS for information and inspections at 507-282-8206

Jay Kruger
CMS Building Official

CALL CMS FOR FRAMING AND FINAL INSPECTIONS 282-8206.

I hereby declare that I am the Owner, or authorized agent of the owner of the above described property and I agree to construct the building or use herein described in accordance with the regulations and ordinances that govern said improvement within the City of Kasson and that the foregoing information contained on this permit is a true and correct statement of my intentions. Once permit has been processed, there will be **NO REFUNDS.**

Date: _____

Signed by Applicant: _____

Please Print Name: _____

APPROVED BY: _____ DATE: _____

Total Amount Due: \$63.50 For Singular Item

or

\$ 126.00 For Combining items i.e Doors & Windows

02/05/2024