

Date Received: \_\_\_\_\_

PERMIT NO: \_\_\_\_\_

**APPLICATION FOR BUILDING PERMIT  
RE-ROOF/SHINGLING  
CITY OF KASSON, MINNESOTA**

|   |                  |
|---|------------------|
| Applicant: _____  | Phone No.: _____ |
| Address: _____  | Email: _____     |
| Contractor: _____   | Phone No: _____  |
| State License No: _____   |                  |
| Building Site Location/New Address: _____   |                  |
| Please Circle One:    House & Garage    House Only    Garage Only    Other: _____ |                  |

**THE ATTACHED ITEMS ARE CONDITIONS  
FOR PERMIT ISSUANCE FOR RESHINGLING.**

**STRICT COMPLIANCE IS MANDATORY.**

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

Jay Kruger  
CMS Building Official

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. Refund and Cancellation Policy: Upon request of cancellation of building permits, charges or refunds will be based on expenses for office time, inspections, and zoning fees that were completed prior to the cancellation notice.

Date: \_\_\_\_\_ Signed by Applicant: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

=====

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**Total Amount Due: \$63.50**