



8301 Valley Creek Road • Woodbury, MN 55125-3300 • www.woodburymn.gov
(651) 714-3543 • TDD (651) 714-3568 • building@woodburymn.gov

Permit Application

BUILDING SITE ADDRESS _____

ESTIMATED VALUE OF ALL WORK (Contract Price) TOTAL \$ _____

DESCRIBE WORK APPLIED FOR _____

FOR SIDING REPLACEMENT: NUMBER OF SQUARES _____ ELECT CONTRACTOR-SIDING _____

FOR ROOF REPLACEMENT: NUMBER OF SQUARES _____ ELECT CONT PHONE: _____

ESTIMATED COMPLETION DATE: _____ (All exterior work must be completed within six months of permit issue date.)

APPLICANT or BUSINESS NAME _____ PHONE _____

CHECK ONE: CONTRACTOR (Complete licensing information below.) HOMEOWNER

PREFERRED METHOD OF CONTACT: TELEPHONE EMAIL

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS (Optional) _____

STATE CONTRACTOR LICENSE NUMBER _____

TYPE OF LICENSE _____ EXPIRATION DATE _____

**LEAD CERTIFICATION NUMBER _____

PROPERTY OWNER _____ PHONE _____

ADDRESS (IF DIFFERENT THAN ABOVE) _____

CITY _____ STATE _____ ZIP _____

IF OCCUPANT IS DIFFERENT FROM OWNER, PLEASE LIST:

OCCUPANT _____ PHONE _____

APPLICANT SIGNATURE _____ DATE _____

** If MN licensed residential contractor, remodeler or roofer and not lead certified *and* the dwelling was built before 1978, complete the lead supplement.

ESCROW FUNDS WILL BE RETURNED TO THE CONTRACTOR / APPLICANT.

The applicant hereby agrees to do all work in compliance with the state building code, city ordinances and applicable law. Issuance of a permit, approval of plans and inspections conducted do not give permission to violate any provision of law nor constitute a guarantee or warranty from the city.

