

Application # _____	Date Application Rec'd ____/____/____	Fee Collected \$ _____
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**ALEXANDRIA TOWNSHIP  
RESIDENTIAL BUILDING PERMIT APPLICATION  
\*RE-SIDE, RE-SHINGLE, OR REPLACE WINDOWS ONLY\*  
Phone: 320-759-5300 / Fax: 320-763-5320**

<b>Building Site Address:</b>
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<b>Parcel Number:</b>	<b>Estimated Cost:</b>
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<b>Property Owner Name:</b>			
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<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Telephone:</b>		<b>Email:</b>	

<b>Contractor Name:</b>		<b>License Number:</b>	
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<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Telephone:</b>		<b>Email:</b>	

**Lead Certification Information:**

Included Lead-Free Certification with Application       Work Being Conducted by Homeowner

Work Being Conducted by Certified/Licensed Firm:       EPA Number: \_\_\_\_\_

For Re-Shingle Only – Less than 20 sq ft of painted surface will be disturbed and is exempt from rule

**TYPE OF IMPROVEMENT**

<b>House:</b>	<b>Re-shingle:</b>	<b>Re-side:</b>	<b>Replace Windows:</b>
<b>Garage:</b>	<b>Re-shingle:</b>	<b>Re-side:</b>	<b>Replace Windows:</b>

<b>Re-shingle:</b>	<b>Roof pitch:</b>
<b>Under 4:12 pitch please list layers and type of felt used:</b>	

<b>Re-side:</b>	<b>Material used:</b>	<b>Weather barrier:</b>
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<b>Windows:</b>	<b>Size of bedroom egress windows:</b>
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**PERMIT FEES:**

Re-shingle: \$40.00      Re-side: \$40.00      Windows: \$40.00

**Signature of Applicant or Agent:** \_\_\_\_\_