



# ROOFING APPLICATION

Planning and Zoning Administration | 13880 Business Center Drive Elk River, MN 55330

Office: 763-765-4450 | zoning@co.sherburne.mn.us

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Contractor Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Contractor License # \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Parcel ID Number: \_\_\_\_\_ Lot Area (acres): \_\_\_\_\_

Address where work will be performed: \_\_\_\_\_

Describe Project: \_\_\_\_\_

## Required Inspections

**Pictures of ice and water barrier emailed to office prior to inspection**

**OR**

**Pictures on site at time of final inspection**

(Call 763-765-4450 to request inspections)

AGREEMENT: I hereby certify that the information herein is correct and agree to do the proposed work in accordance with the submitted documents, provisions of the Sherburne County Ordinance, and the Minnesota State Building Code. I further agree that any plans and specifications submitted herewith shall become a part of this permit application. I also understand that by applying for this permit, I grant the zoning authority access to the above property for inspections throughout the application and permitting process.

Signature of Owner or Contractor: \_\_\_\_\_

Printed Name of Owner or Contractor: \_\_\_\_\_

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