## Permit No. \_

## CITY OF FISHER BUILDING PERMIT APPLICATION

313 Park Ave. Suite 111, PO Box 158, Fisher MN 56723 Phone 218-891-2207 Fax 218-891-2207 **Indepth Inspection** 1600 Central Ave. NE, East Grand Forks, MN 56721 Office: 218-773-3423 Fax: 218-773-3348

				Date Receive	
Project Address	Street	City	State/Zip	Property Identifica	
				Lot:	Block:
Owner Name	Street	City	State /Zip	Owner Phone Nu	mber
Contractor's Name	Street	City	State/Zip	Contractors Phon	e Number
Contractor's State License Numb	per ( required )	Expiration Date		Contractors Fax N	Number
Brief Project Description				Completed Value	(includes labor and materials)
( ) Variance Granted (Council	) ( )Co	nditional Use Granted (Cou	ncil)		
Permit Type ( ) Building ( ) Plumbing ( ) Mechanical (see below for new rates)  Shoreland Overlay District? YesNo  Stormwater ( ) SizeRain Barrel(s) ( ) SizeTrench(s) ( ) SizeRain garden(s)  The permit will become issuance or if the work awork is commenced. I hereby certify that I have read at type of work will be complied with provision of any other State or Lepermit has been issued in error of All permit fees and other costs to Permit.	and examined this applic h whether specified here local law regulating const or on the basis of incorre	( ) Accessory Building ( ) Addition ( ) Deck/Porch ( ) Demolition ( ) Fence/Wall ( ) Fireplace ( ) Foundation Only ( ) Garage, Attached ( ) Garage, Detached ( ) Interior Remodel ( ) Lower Level ( ) Manufactured Home ( ) Window/Door Replace  exterior and know the same to be in or not. The granting of a struction or the performance act information supplied or in	uthorized is not cor abandoned for abandoned for permit does not presu of construction. This be a violation of any ordinary	lation /Repair ucture  n Pool ize of opening)  commenced wir r a period of 18  All provisions of law ime to give authority building permit may ance or regulation of	30 days after the time s and ordinances governing this to violate or cancel the be suspended or revoked if the f the City of Fisher.
Signature of Applicant ( Owner of	r Contractor )			D	ate
With conditions	By:	Clerk-Treasurer	Date: _		
		l to schedule inspec	ctions-Contact B	Brad Bail @ 2	18-773-3423

R# \_\_\_\_\_ Date \_\_\_\_