

## Miscellaneous Permit Application

(Permits in Corinna, Middleville and Stockholm Townships – contact Township. Permits in any City – contact City)  
If you are unsure who the permitting authority (County, Township or City) is please call 763-682-7338

**1) Address and/or PID** \_\_\_\_\_  
(location where permit will apply)

**2) Permit Type** (place an “X” next to the correct choices)

<input type="checkbox"/> Windows/Doors      \$71	<input type="checkbox"/> Mechanical      \$71
_____ House	_____ House
_____ Shed (describe shed detail below)	_____ Shed (describe shed detail below)

<input type="checkbox"/> Siding      \$71	<input type="checkbox"/> Fireplace      \$71
_____ House	_____ House
_____ Shed (describe shed detail below)	_____ Shed (describe shed detail below)

<input type="checkbox"/> Roofing      \$71	<input type="checkbox"/> Plumbing      \$71
_____ House	_____ House
_____ Shed (describe shed detail below)	_____ Shed (describe shed detail below)

**\*New plumbing please call office to review.**

Additional details describing the structure, location and work that will be performed. If more than one shed list the dimensions. \_\_\_\_\_

**3) Applicant Information** (owner OR contractor applying for the permit)

Owner name _____	Contractor name _____
Phone number _____	Address _____
Email address _____	_____
	Phone number _____
	Email address _____
	License number _____
	EPA Lead Cert number _____

*I hereby certify that the information contained herein is correct and agree to do the proposed work as described above in accordance with the ordinance provisions of Wright County, Minnesota. I further agree that any plans and specification submitted herewith shall become a part of this permit application.*

Print Applicant Name \_\_\_\_\_ (circle - contractor or owner )

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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### 4) Permit Delivery Instructions (place an "X" next to the correct choice)

Mail Permit to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Call when ready for pick-up

\*Permits are not emailed

Name \_\_\_\_\_

Phone number \_\_\_\_\_

### 5) Payment

Enclose a check payable to "Wright County Treasurer" for the fee amount as listed.

Mail application, plan and check to: **Wright County Planning & Zoning**

(incomplete applications will not be processed) **3650 Braddock Ave NE, Ste 1600**

**Buffalo, MN 55313-1185**