



Building Safety Department
400-2nd Street South
St. Cloud, MN 56301
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www.ci.stcloud.mn.us

RESIDENTIAL REPLACEMENT WINDOWS/DOORS BUILDING PERMIT APPLICATION

THIS APPLICATION IS FOR A BUILDING PERMIT ONLY FOR 1 OR 2 FAMILY DWELLINGS AND TOWNHOMES

Site/Building Information

Address \_\_\_\_\_ Unit # (if applicable) \_\_\_\_\_
Type of building: [ ] Single Family Dwelling [ ] Two-Family Dwelling (Duplex) [ ] Other \_\_\_\_\_
Applicant is: [ ] Contractor [ ] Owner Project Valuation (REQUIRED) \$ \_\_\_\_\_
(Project valuation must include materials and labor whether done by contractor or owner)

Owner Information

Name \_\_\_\_\_ Email Address \_\_\_\_\_
Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Preferred Contact Method: [ ] Phone [ ] Email

Contractor Information

(Fill out only if contractor is pulling permit, contractor must sign application)

Company Name \_\_\_\_\_ Contractor License # \_\_\_\_\_
Contact Person's Name \_\_\_\_\_ EPA Lead Firm Certification # \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Payment Pin: [ ] Yes [ ] No
Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email Address \_\_\_\_\_

Project Description

Are any windows/doors changing size: [ ] Yes [ ] No
(Replacement window/door larger or smaller than the existing window/door)
Are any windows/doors changing style/type: [ ] Yes [ ] No
(Example: changing a casement window to a double hung)
If yes to either question above, is the window changing size and/or style/type in a bedroom: [ ] Yes [ ] No
If yes, and in a bedroom, will the new window meet current egress window requirements: [ ] Yes [ ] No
Are you adding a new window/door opening: [ ] Yes [ ] No
Are you adding a new egress window well or enlarging an existing window well: [ ] Yes [ ] No

If you answered yes to any of the above questions, plans and a plan review may be required prior to permit issuance. See Replacement Window handout for more information.

Amount of work being done: [ ] All windows/doors are being replaced, including basement
[ ] Only a portion of windows/doors are being replaced;
Total # of replacement windows/doors \_\_\_\_\_

Specific location(s) of replacement windows/doors:

Main Level: \_\_\_\_\_

Upper Level: \_\_\_\_\_

Lower Level: \_\_\_\_\_

(Locations must be VERY specific, for example: # of replacement windows: 5; Specific location of replacement windows: Main Level: 1 in southeast bedroom, 1 in kitchen; Upper Level: 2 in master bedroom; Lower Level: 1 on west wall in family room)

Other work being done: \_\_\_\_\_

Applicant's Signature

I hereby apply for a Building Permit and acknowledge that the information above is complete and accurate; and that this is not a permit. I state that all work herein will be done in accordance with the ordinances of the City of St. Cloud, the State of Minnesota and rulings of the Building Department. This permit becomes void if work does not begin within 180 days or is suspended at any time for over 180 days.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Printed Name \_\_\_\_\_

Typed name above shall constitute an electronic signature