



14669 Fitzgerald Blvd N
 Hugo, MN 55038
 PHN: (651) 762-6300
 FAX: (651) 762-6344
 www.ci.hugo.mn.us

Siding Replacement Permit

Property Type:	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Townhome <input type="checkbox"/> Accessory Structure (shed/detached garage/pole building) <input type="checkbox"/> MFD Home <input type="checkbox"/> Commercial Building <input type="checkbox"/> IBC Residential
Construction Type:	<input type="checkbox"/> Replacement <input type="checkbox"/> Repair NOTE: Structural framing alterations require a "Construction Permit" with applicable documentation.
Job Site Address:	Street Number <input type="text"/> Street Name <input type="text"/> Unit <input type="text"/> Parcel ID <input type="text"/> Lot <input type="text"/> Block <input type="text"/> Subdivision <input type="text"/>
Applicant Type:	<input type="checkbox"/> Contractor <input type="checkbox"/> Owner – (Property Owner Waiver Form Required) Verify Ownership at https://mn-washington.manatron.com/
Contractor Detail:	Company Name <input type="text"/> Contact First Name <input type="text"/> Mobile/Text # <input type="text"/> Contact Last Name <input type="text"/> Office Phone # <input type="text"/> Street Number <input type="text"/> Street Name <input type="text"/> Unit <input type="text"/> City <input type="text"/> State <input type="text"/> Zip <input type="text"/> Contact Email <input type="text"/> License Number <input type="text"/>
Owner Detail:	Owner First Name <input type="text"/> Mobile/Text # <input type="text"/> Owner Last Name <input type="text"/> Other Phone # <input type="text"/> Email <input type="text"/> Street Number <input type="text"/> Street Name <input type="text"/> Unit <input type="text"/> City <input type="text"/> State <input type="text"/> Zip <input type="text"/>
Project Summary:	<input style="width: 100%;" type="text"/>

******* COMMERCIAL - COMPLETE THIS SECTION *******

Structure Type:	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential (not IRC 1309) <input type="checkbox"/> Educational <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional
Required Documents:	<input type="checkbox"/> Scope of Work statement <input type="checkbox"/> Plans <input type="checkbox"/> Material Specifications <input type="checkbox"/> Engineering (may also be required by Building Dept.)

Valuation:	Estimated Value of Labor and Materials <input style="width: 100px;" type="text"/> \$ <input style="width: 100px;" type="text"/>
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Permit becomes void if work does not begin within 180 days or is suspended at any time for over 180 days. Permits issued and inspections made by the city are a public service and do not constitute any representation, guarantee, or warranty, either implied or expressed, to any person as to the condition of the building or conformance to applicable construction codes. The Undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of Hugo. Periodic and/or a final inspection of this work are required by the Minnesota State Building Code.

It is the responsibility of the applicant to call the City of Hugo Building Department at 651-762-6300 to schedule an inspection.

Applicant Signature

Date

Calculated Permit Fee:	\$ <input style="width: 80%;" type="text"/>
State Surcharge:	\$ <input style="width: 80%;" type="text"/>
Technology Fee:	\$2.00 <input style="width: 80%;" type="text"/>
Total Permit Cost:	\$ <input style="width: 80%;" type="text"/>

******* Office Use Only *******

Received Date: <input style="width: 100%;" type="text"/>	Permit Number: <input style="width: 100%;" type="text"/>
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