CITY OF LAKE CRYSTAL PERMIT APPLICATION
FOR RESIDENTIAL, REROOF, RESIDE, AND WINDOW REPLACEMENT

Return all forms to: City of Lake Crystal
Building Department
100 E. Robinson Street
P.O. Box 86
Lake Crystal, MN 56055
Phone: (507) 726-2538
Fax: (507) 726-2265

Office Use Only
Building Permit No. ____________________________
Date Received: ____________________________
Reroof $55.00 $_____________ 
Reside $55.00 $_____________ 
Window Door $55.00 $_____________ 
Surcharge 1.00/Item $_____________ 
Total $_____________

Applicant must fill out all information on this form that is applicable to the project - Please Type or Print

SECTION 1- DIRECTORY INFORMATION
"X" appropriate line: _____Reroof _____Reside _____Window / Door Replacement

Estimated Project Cost: ____________________________

Project Street Address: ____________________________
Owners Name: ____________________________
Address: ____________________________
Contractor: ____________________________
Address: ____________________________
Comments: ____________________________

SECTION 2- TYPE OF CONSTRUCTION

IMPORTANT: If any gas meters need to be moved, contact need 24 hours in advance at 800-801-7075.
If electrical wires are above ground, contact Lake Crystal Municipal utilities 24 hours in advance at 507-726-2260.
If any water meters need to be moved, contact Lake Crystal Municipal utilities 24 hours in advance at 507-726-2260.

I hereby certify that I have completed, read and examined this application and know the same to be true and correct, I accept responsibility for compliance with all applicable laws, notifications, and city provisions. The granting of this permit does not presume to give authority to violate or cancel the provision of any other state or local law regulating construction or the performance of construction.

Applicant's Signature ____________________________ Date ____________________________

Applicant's Name - Printed ____________________________
Address ____________________________

SECTION 3 - APPROVAL BY BUILDING OFFICIAL

Authorized Approval Signature ____________________________ Date ____________________________