# **CITY OF MORRISTOWN**



### APPLICATION FOR A ZONING PERMIT

## **WINDOWS**

### □ CITY CODE:

- No windows may have peeling, cracked, chipped, or otherwise deteriorated surface finish on more than 20% of the frame.
- No glass, including windows, may be broken or cracked, and no screens may be torn or separated from moldings.

### PERMIT:

- o Permit is valid for six (6) months.
- Fee must be paid prior to receiving a permit.
  - Fee can be found on the current Master Fee Schedule.
- o Applicant is responsible for calling or emailing City Hall to close out the permit.

This form is intended for informational purposes only. The City Code can be found on our website at <a href="https://www.ci.morristown.mn.us">www.ci.morristown.mn.us</a>

QUESTIONS: Please call City Hall at (507) 685-2302, or email admin@ci.morristown.mn.us

Date of Application:		
Parcel ID:		
Property Address:		
OWNER INFORMATION		
Owner's Name:		
Owner's Address (if different):		
Owner's Phone Number:		
Owner 3 Filone Number.	_	
CONTRACTOR INFORMATION		
Contractor Name:		
Contractor Address:		
Contractor Phone:		
Contractor Email Address:		
WORK TO BE COMPLETED		
Specific Work to be Done:		
Materials to be Used:		
Estimated Cost of Construction:		
Estimated cost of construction.		
APPLICANT		
Applicant Name:		
Applicant Email Address:		
Applicant Signature:		
*I have read and understand the above in	formation and will abide by all City of Mo	rristown Ordinances.
Name, Printed	 Signature	Date
Nume, Frince	Signature	Bate
TO CLOSE OUT PERMIT:		
•	leted work to admin@ci.morristown.mn.	
<ul> <li>When the work is completed, email, or you can stop at City</li> </ul>	, you must sign below to close out the per Hall to sign.	rmit. This can be done through
*I have completed the work at the listed a	ddress and confirm that I've abided by all	City of Morristown Ordinances.
Name, Printed	 Signature	 Date
·	<b>-</b>	