

Siding Replacement Application

Fee \$ _____ Date _____ Permit # _____

\$40 Base + (.005 X Cost of Work) = Fee

Contractor:

Owner (if other than applicant):

Name: _____

Name: _____

Address _____

Address _____

Phone # _____

Phone # _____

Address of Work Site: _____

Estimated Cost of Work: _____

Type of Use or Structure:

Residential _____

Commercial _____

Industrial _____

Other _____

Description of work:

Replacing Siding with a Different Type of Material

Present Type of Siding _____

New Siding Material _____

I certify that the information given is correct and true and I (we) agree to do the proposed work in accordance with the provisions of this permit and Planning and Zoning and City Ordinances of the City of Canton, South Dakota and will comply with State regulations as required.

Applicant's Signature _____

Permit Approved _____ Permit Disapproved _____ Reasons for Disapproval _____ _____		Office Use Only
_____	_____	
Administrative Official	Date	