



GENERAL PERMIT APPLICATION City of Wells, Minnesota

APPLICANT INFORMATION

Name of Applicant: _____ Date of Application: _____

Applicant's Address: _____ Telephone: _____

Property Owner(s): _____ Telephone: _____

Property Owner's Address: _____

Address of Property Where Construction Will Occur: _____

DESCRIPTION OF WORK

____ Street Cut _____ Sidewalk repair/removal

____ Dumpster: _____ Garbage or _____ Building Project

Summary of work to be completed: _____

Contractor _____ Telephone _____

Signature of Applicant: _____ Date: _____

Approved by: _____ Date: _____
(City Hall Staff)

FEES:

Permit Amount: _____

Payment Received by: _____

Receipt No. _____