



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

____ Demolition (you must first verify with MPCA if you need their permit also 800-657-3864)

Summary of work to be completed: _____

Contractor _____

Telephone _____

Signature of Applicant: _____

Date: _____

Approved by: _____
(City Hall Staff)

Date: _____

FEES:

Permit Amount: _____

Payment Received by: _____

Receipt No. _____