DAVISON COUNTY
BUILDING PERMIT APPLICATION
EACH BUILDING SITE MUST HAVE A SEPARATE SITE PLAN

Parcel # BP #

Applicant to complete numbered spaces only:

Job Address					
1. Legal Description					
2. Owner	Mail Address		Zip	Phone	
3. Contractor	Mail Address		Zip	Phone	
4. Use of Building					
5. Class of Work (Circle One)	NEW	ADDITION	ALTERATION	REPAIR	MOVE REMOVE
6. Describe Work:					
7. Valuation of Work: $					

SPECIAL CONDITIONS OR PERMITS REQUIRED:

Application Accepted By:	Site Plans Checked By:	Approved for Issuance By:

NOTICE

THIS PERMIT WILL EXPIRE IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN (ONE HUNDRED-EIGHTY) 180 DAYS.

IF WORK OR CONSTRUCTION IS NOT SUBSTANTIALLY COMPLETED WITHIN (TWO) 2 YEARS OF ISSUANCE, THIS PERMIT WILL EXPIRE.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLETED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Signature of Contractor or Authorized Agent Date

Signature of Owner (If Owner Builder) Date

PERMIT FEE

Type of Const.	Storm Water Certification/Septic Installer
(Total) Sq. Ft.	No. of Stories
Use Zone	Animal Waste System Certification
No. of Dwelling Units	OFF-STREET PARKING SPACES: Covered Uncovered

FOR COUNTY OFFICIALS USE ONLY -
WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT
THE ABOVE APPLICATION IS HEREBY APPROVED

BUILDING PERMIT NUMBER:

Zoning Administrator or Authorized Representative Date

McLEOD'S—88224