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

Parcel # _____ – _____ – _____

Property Address (If Applicable)	BP # ____ – ____

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. Structure 1: _____' X _____' = _____ sq. ft. X _____ X .004 = $ _____

Structure 2: _____' X _____' = _____ sq. ft. X _____ X .004 = $ _____

Structure 3: _____' X _____' = _____ sq. ft. X _____ X .004 = $ _____

Structure 4: _____' X _____' = _____ sq. ft. X _____ X .004 = $ _____

Grain Bin: _____ Bushels X .68 X .004 = $ _____

Other:

7. Cost Estimate of Work (To Include Labor & Materials): $

Permit Fee: $

SPECIAL CONDITIONS OR PERMITS REQUIRED:

Describe Work:

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 Owner or Contractor Date

Type of Const.	Septic Installer
Total Sq. Ft.	Electrician
District	Plumber
No. of Stories	Animal Waste System Certification
No. of Dwelling Units	OFF-STREET PARKING SPACES: (Non-Residential) Covered Uncovered

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

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT THE ABOVE APPLICATION IS HEREBY APPROVED

Zoning Administrator or Authorized Representative Date