

# DAVISON COUNTY

## BUILDING PERMIT APPLICATION

EACH BUILDING SITE MUST HAVE A SEPARATE SITE PLAN

Parcel #

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<b>Property Address (If Applicable)</b>		<b>BP #</b>				
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**Legal**  
1. Description

2. <b>Owner</b>	Mail Address	Zip	Phone
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3. <b>Contractor</b>	Mail Address	Zip	Phone
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4. Use of Building

5. Class of Work (Circle One)	NEW	ADDITION	ALTERATION	REPAIR	MOVE	REMOVE
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6. Structure 1: \_\_\_\_\_' X \_\_\_\_\_' = \_\_\_\_\_ sq. ft. X \_\_\_\_\_ X .005 = \$ \_\_\_\_\_

Structure 2: \_\_\_\_\_' X \_\_\_\_\_' = \_\_\_\_\_ sq. ft. X \_\_\_\_\_ X .005 = \$ \_\_\_\_\_

Structure 3: \_\_\_\_\_' X \_\_\_\_\_' = \_\_\_\_\_ sq. ft. X \_\_\_\_\_ X .005 = \$ \_\_\_\_\_

Structure 4: \_\_\_\_\_' X \_\_\_\_\_' = \_\_\_\_\_ sq. ft. X \_\_\_\_\_ X .005 = \$ \_\_\_\_\_

Grain Bin: \_\_\_\_\_ Bushels X .68 X .005 = \$ \_\_\_\_\_ Diameter: \_\_\_\_\_

Other:

7. Cost Estimate of Work (To Include Labor & Materials): \$	<b>Permit Fee: \$</b>
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**SPECIAL CONDITIONS OR PERMITS REQUIRED:**

Describe Work:

<p style="text-align: center;"><b>NOTICE</b></p> <p>THIS PERMIT WILL EXPIRE IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN (ONE HUNDRED-EIGHTY) 180 DAYS.</p> <p>IF WORK OR CONSTRUCTION IS NOT SUBSTANTIALLY COMPLETED WITHIN (TWO) 2 YEARS OF ISSUANCE, THIS PERMIT WILL EXPIRE.</p> <p>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.</p>	<b>Type of Const.</b>	Septic Installer
	<b>Total Sq. Ft.</b>	Electrician
	<b>District</b>	Plumber
	<b>No. of Stories</b>	Animal Waste System Certification
	<b>No. of Dwelling Units</b>	<b>OFF-STREET PARKING SPACES: (Non-Residential)</b> Covered    Uncovered
	When signed, the site plans have been reviewed and this Building Permit Application is hereby approved.	

Signature of Owner or Contractor \_\_\_\_\_ Date \_\_\_\_\_

Zoning Administrator or Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_