



ZONING / CONSTRUCTION PERMIT APPLICATION

City of Pelican Rapids

Date Received _____ Received by: _____ Permit# _____

----- APPLICANT COMPLETE INFORMATION BELOW -----

Project Address: _____ or PID# _____ Year Dwelling Built _____

Property Owner: _____ Phone: _____

Address: _____ City: _____ Zip: _____

General Contractor: _____ License #: _____ Phone: _____

Plumbing Contractor: _____ License #: _____ Phone: _____

Mechanical Contractor: _____ Phone: _____

Proposed Use: (Check One)

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Dwelling | <input type="checkbox"/> Garage | <input type="checkbox"/> Deck/Porch | <input type="checkbox"/> Home Remodel |
| <input type="checkbox"/> Pole Building | <input type="checkbox"/> Finished Basement | <input type="checkbox"/> Business/Commercial | <input type="checkbox"/> Reroof |
| <input type="checkbox"/> Windows/Doors | <input type="checkbox"/> Siding | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Other |

Description of Project: _____

Dimensions: _____ Use and occupancy: _____ Type of Construction: _____

Estimate Value: _____ Lot Size/Dimensions: _____

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. 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 complied 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.

The issuance of this permit does not initiate an automatic inspection request. It shall be the duty of the permit holder or their agent to notify the building official that such work is ready for inspection (See IRC Sec. 109.3 and IBC Sec. 109.5).

Name: (please print) _____ Address: _____ City: _____

Zip: _____ Phone: _____ Signature: _____ Date: _____

----- CITY USE ONLY -----

PLANNING: Zoning District: _____ Minimum Setbacks Required: Front _____

Side _____ Rear _____ Road Right of Way _____ Other _____ Reviewed by: _____

Date: _____ Subject to the following conditions: _____

BUILDING: Reviewed by: _____ Date: _____ Subject to the following conditions: _____

PUBLIC WORKS: Reviewed by: _____ Date: _____ Subject to the following conditions: _____

----- FEES -----

Building Permit: _____ Plan Review: _____ State Surcharge: _____

TOTAL DUE: _____

Comments: _____

Date Issued: _____ Issued by: _____ Receipt #: _____