

Permit Number: _____ Date Received: _____ Parcel Number: _____

Construction Permit Application

To the City Council of the City of Vergas in the County of Otter Tail, State of Minnesota:
Application is hereby made by the undersigned for a Construction Permit as provided by City Ordinance as adopted by the City of Vergas.

- GOPIER STATE ONE CALL MUST BE NOTIFIED 48 HOURS PRIOR TO ANY DIGGING, CALL 1-800-252-1166 AS REQUIRED BY MINNESOTA STATE LAW.
- THE CITY OF VERGAS WILL CHECK ALL SETBACKS ON ANY NEW CONSTRUCTION. IT IS THE APPLICANT'S RESPONSIBILITY TO HAVE ALL PROPERTY LINES LOCATED. ALL NEW CONSTRUCTION REQUIRES THE APPLICANT TO MARK THE PROPOSED BUILDING SITE AND PROPERTY LINES BEFORE THE BUILDING PERMIT WILL BE APPROVED.
- **All Electrical work MUST have an electrical permit, which must be obtained separately from a MN State Contract Electrical Inspector (218)342-3345 or (218)849-6059.**

Property Description: (NEW CONSTRUCTION ONLY)
Lot 1, Block 3, Addition KATZKE ACRES 1ST ADD.
Property: Width 92' feet, Length 200 feet

Must supply City with a \$1,000 deposit for tar break up. City will reimburse \$1,000 when project complete and street is approved by Utilities Superintendent.

PLEASE NOTE: WITH ANY NEWLY CONSTRUCTED HOME, THERE ARE FEES FOR START UP OF UTILITIES. WATER HOOK-UP ASSESSMENT IS \$750.00, SEWER IS \$750.00.

Name of Applicant: MARK WEEKLEY - MW LANDSCAPING

Address of Construction Project: 88 PARK VIEW DR

Mailing Address: 25382 WILLOW CT Phone: (612) 306-4333
NEW PRAIRIE, MN 56071

Name of Owner (If not the Applicant): ADAM & TARA DRESEN

Address of Owner (If not the Applicant): 25382 WILLOW CT, NEW PRAIRIE, MN 56071

1. Permit to (CIRCLE ONE)
- | | | | |
|-------|----------------|----------|---------|
| Build | <u>Install</u> | Addition | Alter |
| Move | Demolish | Repair | Remodel |

Description of work to be done:
INSTALL 550 SQ FT OF PAVEMENT PATIO, 25' X 2.5' BOULDER WALL, 6 STEPS, FIREPLACE, 12 YDS BEACH SAND

2. Proposed use of building: (CIRCLE ONE) Residential Commercial

3. VALUATION (not just your cost) of work being completed: \$45,000

Building Contractor:

Name: MARK WEEKLEY License Number: _____ Phone: 612-240-1437
MW LANDSCAPING

Plumber: (must have MN License)

Name: _____ License Number: _____ Phone: _____

Electrician:

Name: _____ License Number: _____ Phone: _____

4. Attached a "Site Plan", showing the proposed location of any new building in reference to the property including existing buildings. If you have a copy of a professionally prepared site plan, attach a copy for review by the City's Site/Zoning Inspector. Blueprint or Design Drawings must be submitted for any new construction, addition, or remodel.
5. Certification: I hereby certify that I am the applicant herein and that the information given above and/or any exhibits submitted herewith is in all respects true and accurate to the best of my knowledge and belief, and further, if this permit is granted, said construction will comply with plans and specifications herewith submitted and applicable requirements of the City of Vegas.
6. I am the (CIRCLE ONE) OWNER LESSEE PURCHASER AGENT
7. APPLICANT'S SIGNATURE: M. [Signature] DATE: 4/6/2021

FOR OFFICE USE ONLY

\$ _____ Water Hook-up \$ _____ Sewer Hook-up
\$ 25.00 Permit Fee \$ _____ Tar Break Up Deposit
\$ 25.00 Total Fees

Receipt # _____ Date Paid _____, 20__

 Form given to client to display the permit to be visible from the street & to notify office of completion.

Signature: _____ Date: _____, 20__
(Permitting Authority)

Date Approved by Council: _____, 20__

Permit expires in one year if project is not complete please reapply for permit.

