Permit Number:	Date Received: 5/13/20/I	Parcel Number:	
	Construction Permi	t Application	
the City of Vergas.  • GOPHER STA	ATE ONE CALL MUST BE NOTIFIED BY MIN	f Otter Tail, State of Minnesota: Application is a provided by City Ordinance as adopted by TED 48 HOURS PRIOR TO ANY DIGGINO NESOTA STATE LAW.	; I,
IT IS THE <u>AP</u> ALL NEW CO BUILDING SI	PLICANT'S RESPONSIBILITY TO INSTRUCTION REQUIRES THE TE AND PROPERTY LINES BEF	ETBACKS ON ANY NEW CONSTRUCTION O HAVE ALL PROPERY LINES LOCATED APPLICANT TO MARK THE PROPOSED FORE THE BUILDING PERMIT WILL BE	υ. 
a MN State C	work MUST have an electrical po ontract Electrical Inspector (218) on: (NEW CONSTRUCTION OF	ermit, which must be obtained separately for 342-3345 or (218)849-6059.	rop
Property Descripti	Block , Addition	i	
Property: Width	Block, Addition	feet	
Must supply City	with a \$1,000 deposit for tar break to is approved by Utilities Superinte	up. City will reimburse \$1,000 when project	
Name of Applicant:  Address of Construction  Mailing Address:	20 E Schorf. Phone:	201-371-7671	
Address of Owner (Lin	and the control of th		
1. Permit to (CIR Build Move	CLE ONE)  Install  Demolish  Addition  Repair	Alter Remodel	H D
PICNIC TAS	1/LIGAS Trial )-(1554)  f building: (CIRCLE ONE)  Resid	ential Commercial Rank Recollect	CK CK
	not just your cost) of work being con		2.1
Name: LoraW)	UNZ License Number: 00	01981 Phone: 218-841-556 rtable finstall table	57
Plumber: (must ha	ve MN License)	i was prome was	
Name:	License Number:	Phone:	
Electrician:			
Name	License Number:	Phone:	

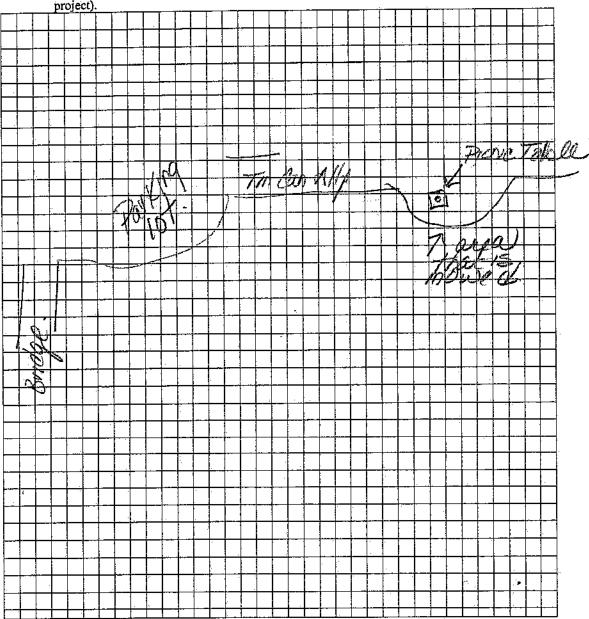
	review by the City's Site/Zoning Inspector. Blueprint or Design Drawings must be submitted for any new construction, addition, or remodel.
5.	Certification: I hereby certify that I am the applicant herein and that the information given above and/or any exhibits submitted herewith is in all respects true 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 Vergas.
6.	I am the (CIRCLE ONE) OWNER LESSEE PURCHASER AGENT DONOTS
7.	APPLICANT'S SIGNATURE: Julie Juli DATE: 5/10/202/
	**************************************
\$	Water Hook-up \$Sewer Hook-up
\$	Permit Fee \$ Tar Break Up Deposit
\$_	Total Fees
	Form given to client to display the permit to be visible
ir	om the street & to notify office of completion.
Sig	gnature:Date:, 20
Da	ate Approved by Council:, 20
	Permit expires in one year if project is not complete please reapply for permit.

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

## CONSTRUCTION APPLICATION SITE PLAN DESIGN

Please identify and describe the work to be covered by the permit for which application is being made on the line provided below:

Please sketch the proposed project on the graph below. Describe the land on which the Proposed work is to be done (note the lot size and dimensions and locations of proposed project).



I do hereby say that the facts stated by me in the above site application are true to the best of my knowledge and belief. Please be aware that no construction shall begin until the Zoning official has approved the plans and revisions the site plan if necessary, and has indicated approval to begin.

Signature of Applicant	Date	Zoning Official	Date
		Form approved by City of Vergas C	ouncil 11/07/201