| Permit Number: Date Received: 7/13/21 Parcel Number: | | | |
|---|---|--|--|
| Permit Number: Date Received: 7/13/2/ 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. GOPHER 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 PROPERY 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. | m | | |
| Property Description: (NEW CONSTRUCTION ONLY) Lot, Block, Addition feet, Length 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. WATE HOOK-UP ASSESSMENT IS \$750.00, SEWER IS \$750.00. Name of Applicant: STEUE THARALDSON & Define | R | | |
| Address of Construction Project: 90 PARK VIEW DR. | | | |
| Mailing Address: 90 PARK VIEW DR. Phone: 701-740-3676 | | | |
| Name of Owner (If not the Applicant): | | | |
| Address of Owner (If not the Applicant): | | | |
| 1. Permit to (CIRCLE ONE) Build Install Addition Alter Move Demolish Repair Remodel Description of work to be done: BLACK TOP THE DRIVE WAY | | | |
| 2. Proposed use of building: (CIRCLE ONE) Residential Commercial 3. VALUATION (not just your cost) of work being completed: \$ 6,300 Building Contractor: | | | |
| Name: How ARN'S DRIVEW Ligense Number: Phone: 218-252-101 | 5 | | |
| 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 Vergas.

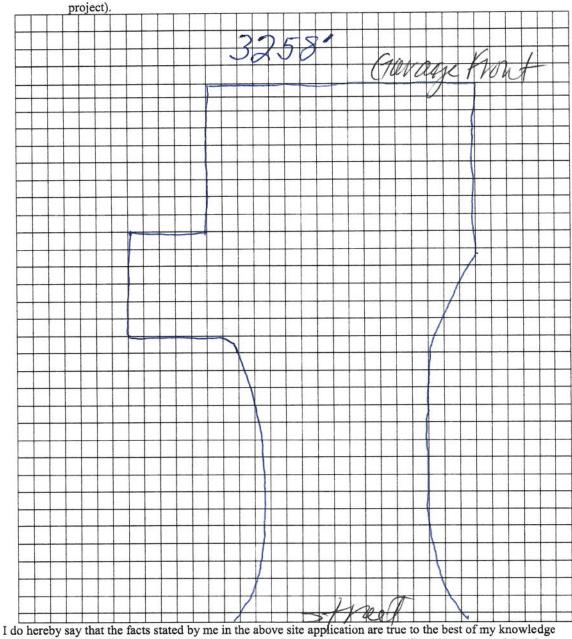
| 6. | I am the (CIRCLE ONE) | OWNER | LESSEE | PURCHASER | AGENT |
|-----------|---|--------------|--------------------------|--|--|
| 7. | APPLICANT'S SIGNATURE: | | | DATE: | |
| | ******* | | ********* FFICE USE O | ************************************** | **** |
| \$ | Water Hook-up | | \$ | Sewer Hook-up | |
| 'S | Permit Fee | | \$ | Tar Break Up Deposit | |
| \$ | 50.00 Total Fees | | | | |
| Extension | eipt# / / (14490 Date F Form given t | o client | to displ | | The Control of the Co |
| Vi | sible from the s | treet & | to notif | y office of co | ompletion. |
| Sig | nature:(Permit | ting Authori | ty) | Date: | , 20 |
| Da | te Approved by Council: | | , 20 | | |

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

CONSTRUCTION APPLICATION SITE PLAN DESIGN

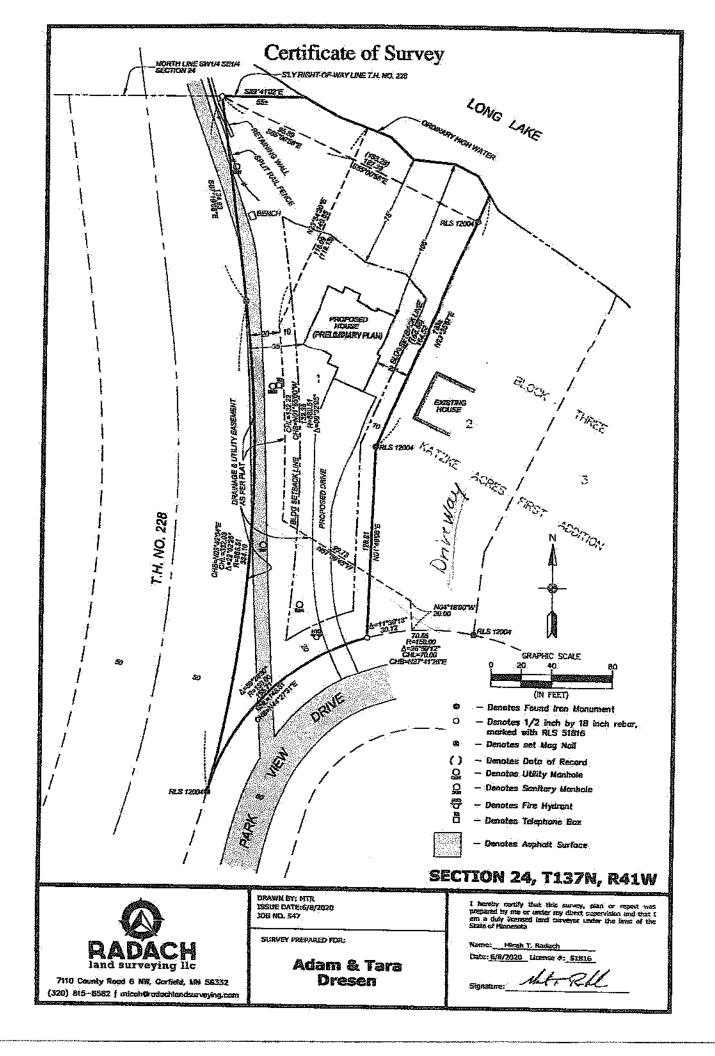
 Please identify and describe the work to be covered by the permit for which application is being made on the line provided below:

2. 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

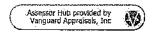


I do hereby say that the facts stated by me in the above site application are true to the best of my knowledge and belief. Please be aware that no construction shall begin until the Zoning official has approved the plans and revisions the site plan if necessary, and has indicated approval to begin.

| Signature of Applicant | Date | Zoning Official | Date | |
|------------------------|------|---------------------------------|--------------------|--|
| × | | Form approved by City of Vergas | Council 11/07/2011 | |







Parcel Number:

82-000-99-0225-000

Deed Holder:

STEVE THARALDSON ET AL

Property Address:

90 PARK VIEW DR

VERGAS, MN 56587-0000 MAP THIS ADDRESS

Mailing Address:

90 PARK VIEW DR

VERGAS, 56587-4233 USA

PDF Name:

VERGAS VILLAGE

Subdivision:

02209-KATZKE ACRES 1ST ADDN

Sec-Twp-Rng:

24-137-041

Legal Description:

LOT 2 BLK 3

No image to display

Prior Year Value Information

| Total Value |
|-------------|
| \$384,500 |
| \$336,500 |
| \$318,110 |
| |

Land Front Foot Information

| Lot | Front | Rear | Side 1 | Side 2 |
|----------|-------|-------|--------|--------|
| Main Lot | 90:00 | 90,00 | 278,00 | 278.00 |
| Main Lot | 10.00 | 10.00 | 278.00 | 278.00 |
| Main Lot | 2:00 | 2.00 | 278.00 | 278.00 |

Land Information

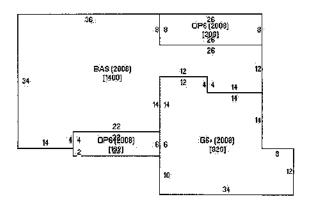
| Lot Type | Square Feet | Acres |
|-----------|-------------|-------|
| 1.00 Unit | 0 | 0,000 |

Residential Building Information

| Occupancy | Style | Year Built |
|--------------------------------|---------------|------------|
| Single-Family / Owner Occupied | 1 Story Frame | 2008 |

Yard Extra Information

| Description | Item Count | Year Built |
|--|--|--|
| Commence of the contract of th | the control of the co | |
| ▼ Fencing - Wood | 1 | 2009 |
| 1999 - American Company of Compan | en a reconstruir con con esta esta en con a construir con contruir con en en esta en esta en esta en esta esta | Marie to the market and the second second second second second |
| | 1 | 2008 |



GIS Map Information