Permit Number:	Date Received:	Parcel Number:
	Construction Per	rmit Application
Application is hereby Ordinance as adopted GOPHER ST DIGGING, C THE CITY O CONSTRUC PROPERY L APPLICANT LINES BEFG	made by the undersigned fi by the City of Vergas. ATE ONE CALL MUST B ALL 1-800-252-1166 AS R F VERGAS WILL CHECK TION. IT IS THE APPLIC INES LOCATED. ALL NI TO MARK THE PROPOS ORE THE BUILDING PER!	County of Otter Tail, State of Minnesota: for a Construction Permit as provided by City EE NOTIFIED 48 HOURS PRIOR TO ANY EEQUIRED BY MINNESOTA STATE LAW. K ALL SETBACKS ON ANY NEW EANT'S RESPONSIBILITY TO HAVE ALL EW CONSTRUCTION REQUIRES THE SEED BUILDING SITE AND PROPERTY MIT WILL BE APPROVED.  ctrical permit, which must be obtained
separately fr (218)849-605 Property Descrip Lot Property: Width Must supply City	om a MN State Contract I 9. tion: (NEW CONSTRUCT Block Feet, Le	FION ONLY) Addition Kenlay Shees 15th Addition feet ar break up. City will reimburse \$1,000 when
Name of Applicant: Address of Construction Mailing Address: 3	SALEMAN BUYOUR on Project: 1011 2  713 Haddan Custe cest Famp, NO 55078	ome, there are fres for start up of g. sewer is \$250.00.  Stac  Stac  Phone: 701-866-8367  Tanki Rust
1. Permit to (CII Build Move Description of	RELE ONE) Install Add	dition Alter pair Remodel
Building Contract Name: DUSAN Plumber: (must ha Name: Lad La	of building: (CIRCLE ONE) (not just your cost) of work to: SHACMENTE Deal of These License Number	Residential Commercial being completed: \$ 377,000 er: BC 685544 Phone: 20-866-836 ) ber: PMO6 7 08 Phone: 701-36 236 9 9

annuate including existing buildings	proposed location of any new building in reference to the s. If you have a copy of a professionally prepared site plan, s Site/Zoning Inspector. Blueprint or Design Drawings must on, addition, or remodel.
and/or any exhibits submitted herew	am the applicant herein and that the information given above ith is in all respects true and accurate to the best of my this permit is granted, said construction will comply with bmitted and applicable requirements of the City of Vergas.
6. 1 am the (CIRCLE ONE) OWNE	R LESSEE PURCHASER AGENT (CONTROLOR)
7. APPLICANT'S SIGNATURE:	DATE: >6-2
******************	DR OFFICE USE ONLY
R	
S Water Hook-up	Sewer Hook-up
S Permit Fee	S Tar Break Up Deposit
STotal Fees	
Receipt # Date Paid	.20
Form given to clie	ent to display the permit to be
	& to notify office of completion.
Signature:	Date:, 20
Signature:(Permitting Au	thority)
Date Approved by Council:	, 20
Permit expires in one year if	project is not complete please reapply for permit.

## EAST SCHARF AVE.

