

Permit Number: \_\_\_\_\_ Date Received: 06/24/21 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 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 \_\_\_\_\_, Block \_\_\_\_\_, Addition \_\_\_\_\_  
Property: Width \_\_\_\_\_ 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. WATER HOOK-UP ASSESSMENT IS \$750.00, SEWER IS \$750.00.

Name of Applicant: JAMES A BONHAM REV TRUST DAN BONHAM

Address of Construction Project: 806 E SCHARF AVE

Mailing Address: 1306 Bay View Dr Phone: 701-371-5969  
DEVILS LAKE, ND 58501

Name of Owner (If not the Applicant): JAMES A BONHAM REV TRUST

Address of Owner (If not the Applicant): \_\_\_\_\_

1. Permit to (CIRCLE ONE)

Build	Install	<u>Addition</u>	Alter
Move	Demolish	Repair	Remodel

Description of work to be done:

Addition + Remodel of Existing Cabin

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

3. VALUATION (not just your cost) of work being completed: \$ 60,000

Building Contractor:

Name: DAN BONHAM License Number: \_\_\_\_\_ Phone: 701 371 5969

Plumber: (must have MN License)

Name: TBD License Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Electrician:

Name: TBD 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: David S. Brown

DATE: 6-18-21

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**FOR OFFICE USE ONLY**

\$ \_\_\_\_\_ Water Hook-up

\$ \_\_\_\_\_ Sewer Hook-up

\$ \_\_\_\_\_ Permit Fee

\$ \_\_\_\_\_ Tar Break Up Deposit

\$ \_\_\_\_\_ 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.

Lake Side

EXISTING  
DECK

10 X 24

I HAVE SPOKEN TO GLEN BUNKOWSK. ABOUT  
THIS VARIANCE HE HAS NO PROBLEMS WITH PLAN

EXISTING

CABIN

18 X 24

EXISTING  
ROOFLINE

Proposed  
ROOFLINE

PROPOSED  
ADDITION  
24 X 24

New Addition  
will be Slab  
on grade.

00.5 ft  
to Project from SPLIT

7' 2"

1 Foot  
overhang  
SPLIT