

Permit Number: _____ Date Received: _____ Parcel Number: 82000990270000

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 2, Block 1, Addition Heilley Shores 2nd Addn.
Property: Width 100 feet, Length 180 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: Mick Johnson

Address of Construction Project: Parcel # 8200099027000 - 1120 E Sharf Ave

Mailing Address: 24647 E 1500 N Rd Phone: 309-830-7110
Fairbury, ZI 61739

Name of Owner (If not the Applicant): _____

Address of Owner (If not the Applicant): _____

1. Permit to (CIRCLE ONE)

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

Description of work to be done:

To Remove Excess Large Rocks, Remove Stumps, Install Shoreline Erosion Control

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

3. **VALUATION (not just your cost) of work being completed:** \$ _____

Building Contractor:

* Name: Torrey Semmenberg License Number: _____ Phone: _____

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: Neil John DATE: 8-11-21

FOR OFFICE USE ONLY

\$ _____ Water Hook-up

\$ _____ Sewer Hook-up

\$ 25⁰⁰ Permit Fee

\$ _____ Tar Break Up Deposit

\$ 25⁰⁰ Total Fees

Receipt # 144469 Date Paid 8/16, 2021

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.