

Permit Number: _____ Date Received: 9/13/21 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: John M. Sieling

Address of Construction Project: 830 E. Scharf Av.

Mailing Address: 830 E. Scharf Av. Phone: 218-849-8088

Name of Owner (If not the Applicant): John & Julie Sieling

Address of Owner (If not the Applicant): Same

1. Permit to (CIRCLE ONE)

Build

Install

Addition

Alter

Move

Demolish

Repair

Remodel

Description of work to be done:

HAULING IN CRUSHED ASPHALT TO DRIVEWAY - WAS
10 YARDS, REMOVED 10 YARDS OF GRAVEL 1ST

2. Proposed use of building: (CIRCLE ONE)

Residential

Commercial

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

854.00 total

Building Contractor:

Name: PRO GRADE EXCAVATING License Number: _____ Phone: 218-849-4078

Plumber: (must have MN License)

Name: _____ License Number: _____ Phone: _____

Electrician:

Name: _____ License Number: _____ Phone: _____