

Permit Number: 2022-018 Date Received: 6/8/22 Parcel Number: 82000500185002  
Any questions regarding construction permit please contact City Clerk-Treasurer by calling 218-302-5996 or stopping by the city office at 111 Main Street Vergas MN.

### 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 CONSTRUCTION PERMIT WILL BE APPROVED.
- All Electrical work **MUST** have an electrical permit. That 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: Greg Dahlgren

Address of Construction Project: 1006 E. Frazee Ave., Vergas, MN.

Mailing Address: Po Box 67, Vergas Phone: 849-9076

1. Permit to (CIRCLE ONE)

Build

Install

Addition

Alter

Move

Demolish

Repair

Remodel

Description of work to be done:

Re Shingle Roof, replace broken window

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

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

Building Contractor:

Name: \_\_\_\_\_ 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 construction 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: [Signature] DATE: 6-8-22

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

**CONSTRUCTION APPLICATION SITE PLAN DESIGN**  
**Provided on separate sheet must include the following.**

1. Identify and describe the work to be covered by the permit for which application is being made
  - A. Sketch of the proposed project including current and proposed structures.
  - B. Note the lot size and dimensions and locations of proposed project.

I do hereby say that the facts stated by me in the 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 \_\_\_\_\_

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**FOR OFFICE USE ONLY**

S \_\_\_\_\_ Water Hook-up

S \_\_\_\_\_ Sewer Hook-up

S \_\_\_\_\_ Permit Fee

S \_\_\_\_\_ Tar Break Up Deposit

S \_\_\_\_\_ Total Fees

Receipt = \_\_\_\_\_ Date Paid \_\_\_\_\_, 20\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_  
(Permitting Authority)

Date Approved by Planning Commission or Clerk-Treasurer: \_\_\_\_\_, 20\_\_