

Permit Number: _____ Date Received: 7/19/22 Parcel Number: _____
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: Charles M. Gundberg Sr.

Address of Construction Project: 100 Parkview Dr., Vergas, Mn. 56587

Mailing Address: PO Box 48, Vergas Phone: 218-790-2639

1. Permit to (CIRCLE ONE)

Build	Install	Addition	Alter
Move	Demolish	Repair	Remodel

Description of work to be done:

Remove weeds on lakeshore property

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: _____

Form approved by City of Vergas Council 09/12/2017
Updated 5/10/2022

Lake Region Aquatic Weed Harvesting
Steven Gordon

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 Vergas.
6. I am the (CIRCLE ONE) OWNER LESSEE PURCHASER AGENT
7. APPLICANT'S
SIGNATURE: _____ DATE: _____
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.

Doris J. Lundberg 7/19/22
Signature of Applicant _____ Date _____ Zoning Official _____ Date _____

FOR OFFICE USE ONLY

\$ _____ Water Hook-up \$ _____ Sewer Hook-up
\$ _____ Permit Fee \$ _____ Tar Break Up Deposit
\$ _____ Total Fees

Receipt # _____ Date Paid _____, 20__

Signature: _____ Date: _____, 20__
(Permitting Authority)

Date Approved by Planning Commission or Clerk-Treasurer: _____, 20__



MNDNR PERMITTING AND REPORTING SYSTEM (MPARS)

APM* PERMIT INVOICE

Permit Number

2018-0876

Invoice Date

05/10/2022

Payment Due Date

06/09/2022

RECEIVED DNR

MAY 10 2022

GLENWOOD F&W

** PAYMENT DUE **

CHARLES GUNDBERG
100 PARKVIEW DRIVE
PO BOX 48
VERGAS, MN 56587

PROJECT: Weed control



PAID

Please pay the Total Due amount shown below:

#	Description	Amount
1	Renewal Fee - Aquatic Plant Management Permit, Long Lake, Otter Tail County	\$35.00
Comments	-	TOTAL DUE \$35.00

Payment for the Total Due amount is due within 30 days of the Invoice Date. If the due date falls on a weekend or holiday, payment must be received by the state's regular business day prior to the weekend and/or holiday. You can pay online or by mail.

PAY ONLINE (Visa, MasterCard, Discover, or automatic transfer from checking account)

- Sign-In to your MPARS account or create an account at <https://webapps11.dnr.state.mn.us/mpars/public>
- Click on the Financial tab
- Find the permit number "2018-0876" and select "Make Online Payment" from the "Action" column

PAY BY MAIL

- Make checks payable to: **Minnesota Department of Natural Resources**
- Mail a copy of this invoice and your payment of **\$35.00** to:
MINNESOTA DEPARTMENT OF NATURAL RESOURCES - OMB
500 LAFAYETTE ROAD, BOX 10
ST. PAUL, MN 55155-4010

A COPY OF THIS INVOICE MUST BE INCLUDED WITH YOUR CHECK

If you have any questions, please contact the Minnesota DNR by telephone (651-259-5092) or by email - MPARSAPM.dnr@state.mn.us

RECEIVED DNR

MAY 10 2022

GLENWOOD F&W



PAID

m DEPARTMENT OF NATURAL RESOURCES		DNR Use Only		Payment Method: R29029 OMB FISHERIES		Permit # 2018-0876
Code 6006	Amount 35.00	Received	Deposited	Entered		Amount 35.00
						Check # 5857