

Permit Number: _____ Date Received: 03/02/2023 Parcel Number: 82000990164000
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)

PARCEL # 82000990164000 SECTION 24 - TOWNSHIP 139 RANGE 04

Lot _____, Block _____, Addition _____

Property: Width 299 feet, Length 250 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: VERGAS VETERANS MEMORIAL PARK

Address of Construction Project: 230 EAST FAZEE AVE VERGAS MN
35123 ADAMS PT. LN.

Mailing Address: FAZEE MN Phone: 701-238-1575

1. Permit to (CIRCLE ONE)

<input checked="" type="radio"/> Build	<input type="radio"/> Install	<input type="radio"/> Addition	<input type="radio"/> Alter
<input type="radio"/> Move	<input type="radio"/> Demolish	<input type="radio"/> Repair	<input type="radio"/> Remodel

Description of work to be done:

BUILD GAZEBO AT VETERANS MEMORIAL PARK
ON CURRENT SITE

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

3. VALUATION (not just your cost) of work being completed: \$ 20,000.00

Building Contractor:

Name: LOREN MENZ License Number: B00001981 Phone: 218-841-5564

Plumber: (must have MN License)

Name: NONE License Number: _____ Phone: _____

Electrician:

Name: 2122060 ELECTRIC License Number: E1005259 Phone: 218-841-8643

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

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: 3-6-2023

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

PER VETERANS MEMORIAL PARK
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

FOR OFFICE USE ONLY

\$ Water Hook-up

\$ Sewer Hook-up

\$ Permit Fee

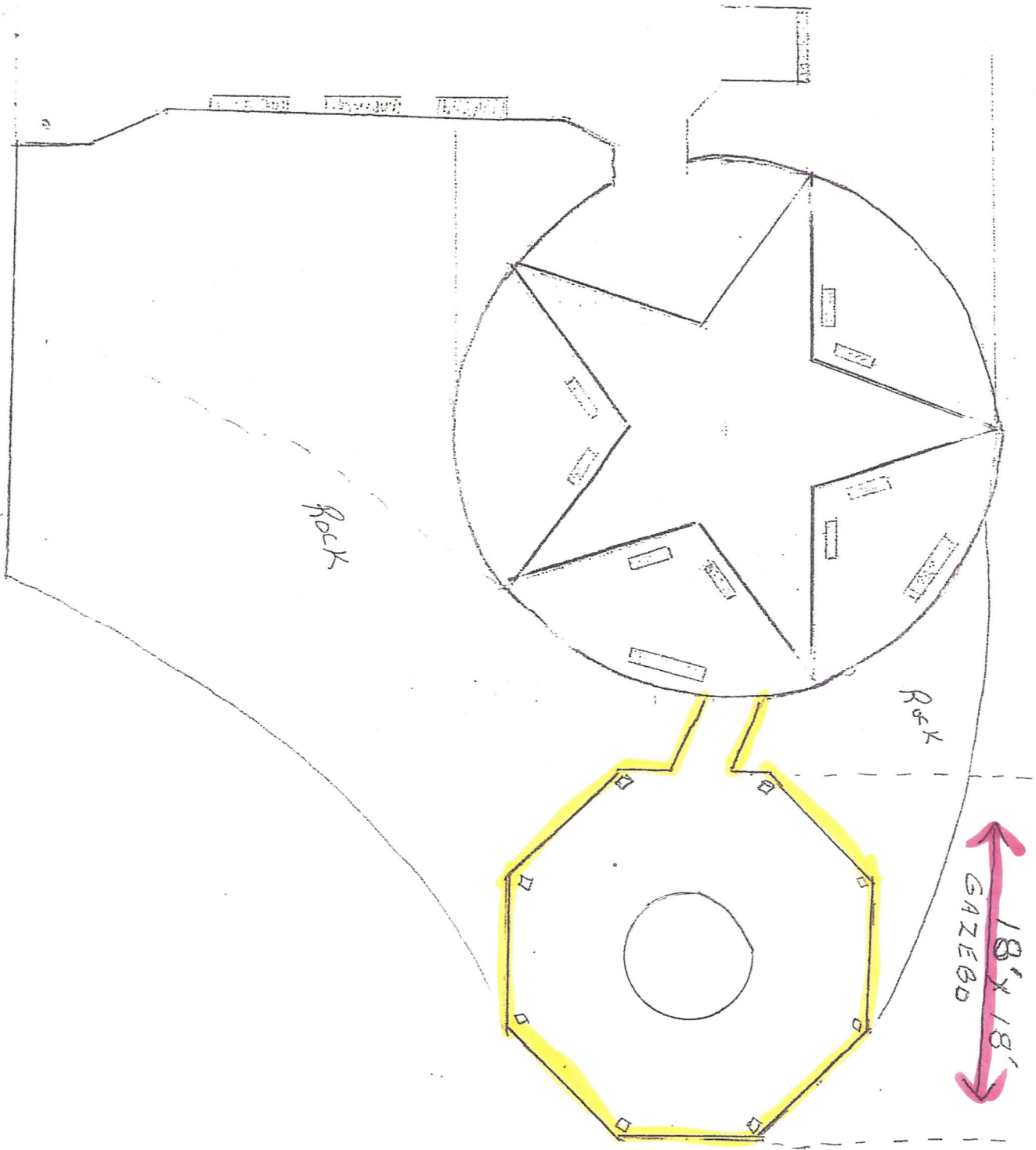
\$ Tar Break Up Deposit

\$ 60⁰⁰ Total Fees

Receipt # _____ Date Paid _____, 20__

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

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



FENCE
20'

TIME
CAPACITY

16'
TREE