

Permit Number: 2024 009 Date Received: 5/22/23 Parcel Number: 82 000 990 076 000
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: Noah Olds

Address of Construction Project: 101 E Linden St

Mailing Address: 14680 W Lake Saline Dr Duluth Phone: 218-849-7265

1. Permit to (CIRCLE ONE)

Build	Install	Addition	Alter
Move	Demolish	Repair	Remodel

Description of work to be done:

Complete Remodel - All windows, siding, fascia, soffit
Remove addition and replace with deck.

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

3. VALUATION (not just your cost) of work being completed: \$42,000 ~~\$33,000~~

Building Contractor:

Name: Noah Olds License Number: _____ Phone: 218-849-7265

Plumber: (must have MN License)

Name: _____ License Number: _____ Phone: _____

Electrician:

Name: _____ License Number: _____ Phone: _____

7. APPLICANT'S
SIGNATURE:

DATE: 5-19-23

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

- 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

\$ <i>9.00</i> Permit Fee

\$ Tar Break Up Deposit

\$ 49.00 Total Fees

Receipt # _____ Date Paid _____, 20____

Signature _____

(Permitting Authority)

Date:

5/22, 2023

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