Fee Paid \$90.00

Owner: Tom & Judy Wollin

Applicant: Western Products

General Contractor: Western Products

City of Vergas

Construction Permit

Given under the hand of the Mayor of said City of Vergas and its corporate seal and attested by its Clerk this 10th day of October 2023

Attest

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Permit Expires in one year

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Receipt of Construction Permit from the City of Vergas does not relieve the applicant of any Local, County or State permits.

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Updated 5 10 2022

Permit Number: 2223-030 Date Received: 10 10 2023 Parcel Number: Woll in 106 355

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 <u>APPLICANT'S RESPONSIBILITY</u> TO HAVE ALL PROPERY 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	v: Width	feet, Length	feet
Must supply	City with a \$1,000 depos	it for tar break up. City will rei	mburse \$1,000 when project
complete and	d street is approved by Ut	ilities Superintendent.	
1		*	
		NSTRUCTED HOME. THERE AR HENT IS <u>\$750.00</u> , SEWER IS <u>\$750.</u>	
Name of App	plicant: Western P	roducts 474 45th st	.5 Fargo NO 58103
Address of C	onstruction Project: 103	2 Parkview Dr Vergas	MN 56587
Mailing Add	ress: 102 Parkeview DV	Vergus mN Phone: 348 -	689-1577
Desc	Move Demo	Addition Altrolish Repair Research	nodel
2. Prop	osed use of building: (CI	RCLE ONE) Residential	
3. <u>Vai</u>	. <u>UATION</u> (not just your c	ost) of work being completed	: S 24 195°
Building	Contractor:		
Name: \	Mestern Products I	icense Number: <u>CROO4284</u>	Phone: 761 280.5971
Plumber	: (must have MN License)	
Name: _		License Number:	Phone:
Electrici	an:		
Name: _	I	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 Vergas.

6.	I am the (CIRCLE ONE)	OWNER	LESSEE	PURCHASER	AGENT
_					

7. APPLICANT'S

SIGNATURE: Western products / But Hole DATE: 10-9-33

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
CO WOVE WOUT	<u>-</u>	is the specific at the specific at the specific at the specific at the ${ m CE}$ ${ m USE}$ ${ m ONLY}$	ţ.
SWater Hook-up	S	Sewer Hook-up	
SQO_Permit Fee	S	Tar Break Up Depo	sit
STotal Fees			
Receipt = <u>40070956</u> Date	Paid (0/(0	20_23	
Signature: Sule law (Permitting	Authority)	Date: 1010, 2023	3
Date Approved by Planning Con	umission of Clerk-Tre	asurer: 10 10 . 20 a	23