

Permit Number: 2024-024 Date Received: 6/20/24 Parcel Number: 82000 990 078 000
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: MATT Engelbrechtson

Address of Construction Project: 280 1st A S.

Mailing Address: P.O. Box 285 Phone: 218-234-7053

1. Permit to (CIRCLE ONE)
- | | | | | |
|-------|----------------|---------------|----------|---------|
| Build | <u>Install</u> | Deck | Addition | Alter |
| Move | Demolish | <u>Repair</u> | Roof | Remodel |

Description of work to be done:

Install garden fence / Add to existing deck w/ string garage
install gutters on house.

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

3. **VALUATION** (not just your cost) of work being completed: \$ 2000.00

Building Contractor: Self

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 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.

Signature of Applicant

Date

Zoning Official

Date

FOR OFFICE USE ONLY

\$ _____ Water Hook-up

\$ _____ Sewer Hook-up

\$ 30.- Permit Fee

\$ _____ Tar Break Up Deposit

\$ 30.- Total Fees

Receipt # 155809 Date Paid June 20, 2024

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

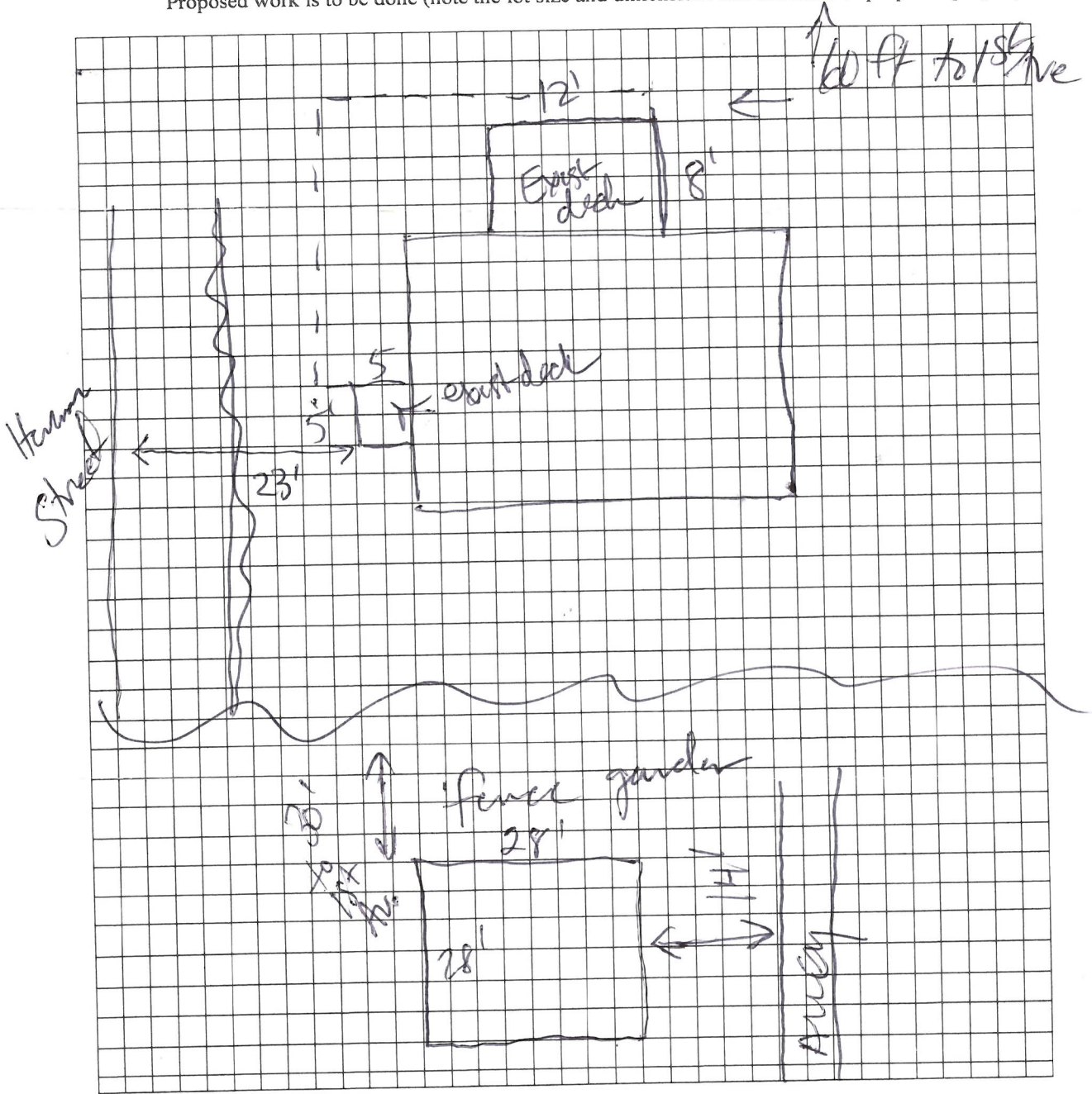
Date Approved by Planning Commission or Clerk-Treasurer: _____, 20__

CONSTRUCTION APPLICATION SITE PLAN DESIGN

1. Please identify and describe the work to be covered by the permit for which application is being made on the line provided below:

Extend larger deck to wrap around
to smaller deck

2. Please sketch the proposed project on the graph below. Describe the land on which the Proposed work is to be done (note the lot size and dimensions and locations of proposed project).



I do hereby say that the facts stated by me in the above 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.

Weg 6/20/24
Signature of Applicant Date

Zoning Official Date

