

Permit Number: _____ Date Received: 9/17/2024 Parcel Number: 82-000 990 263 000

**Any questions regarding construction permit please contact City Clerk-Treasurer by calling
218- 302-5996 Ext. 1 or stopping by the city office at 131 Main Street Vergas MN.**

Construction Permit Application

To the Vergas Planning Commission 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.
- **Before the construction permit will be reviewed the following must be completed.**

NA yes

- ☐ ☒ Identify and describe the work to be covered by the permit for which application is being made.
- ☐ ☒ Sketch of the proposed project (Site Plan) including current and proposed structures.
 - ☐ Note the lot size and dimensions and location of proposed project.
- ☐ ☒ Blueprint or Design Drawings must be submitted for any new construction, addition or remodel.
- ☐ ☒ All Property Lines staked
- ☐ ☒ Proposed building site staked.
- ☒ ☐ If along lakeshore –
 - ☐ Ordinary High-Water Level (OHWL) staked.
 - ☐ Current picture of lakeshore must be provided.
 - ☐ Copy of DNR permit for work in public waters.
 - ☐ Wetland Conservation Act Review area marked.

- **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:

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: David & Pam Johnston

Address of Construction Project: _____

Mailing Address: _____ Phone: _____

1. Permit to (CIRCLE ONE)

Addition Alter Build Demolish Install Move Remodel Repair

Description of work to be done: _____

Will any of the following be included in your project:

☐ Driveway ☐ Culvert ☐ Tar break-up ☐ Grading on parcel

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

Permit Number: _____ Date Received: _____ Parcel Number: _____

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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 114 feet, Length 191 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: Dave & Pam Johnston

Address of Construction Project: 1015 E Scharf Vergas 56587
1427 8th Ave SW

Mailing Address: Hutchinson MN 55350 Phone: 320 583 0528

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

New Build

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

3. VALUATION (not just your cost) of work being completed: \$ 550,00

Building Contractor:

Name Summers Construction License Number: BC691784 Phone: 218 342 4201

Plumber: (must have MN License)

Name: Sonnenberg Plumbing License Number: PC644231 Phone: 218 234 1649

Electrician:

Name: Ritzow Electric License Number: EA005259 Phone: 218 841 8643

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: 9-17-24

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 9-17-24 _____ Zoning Official _____ Date _____

FOR OFFICE USE ONLY

\$ _____ Water Hook-up

\$ _____ Sewer Hook-up

\$ _____ Permit Fee

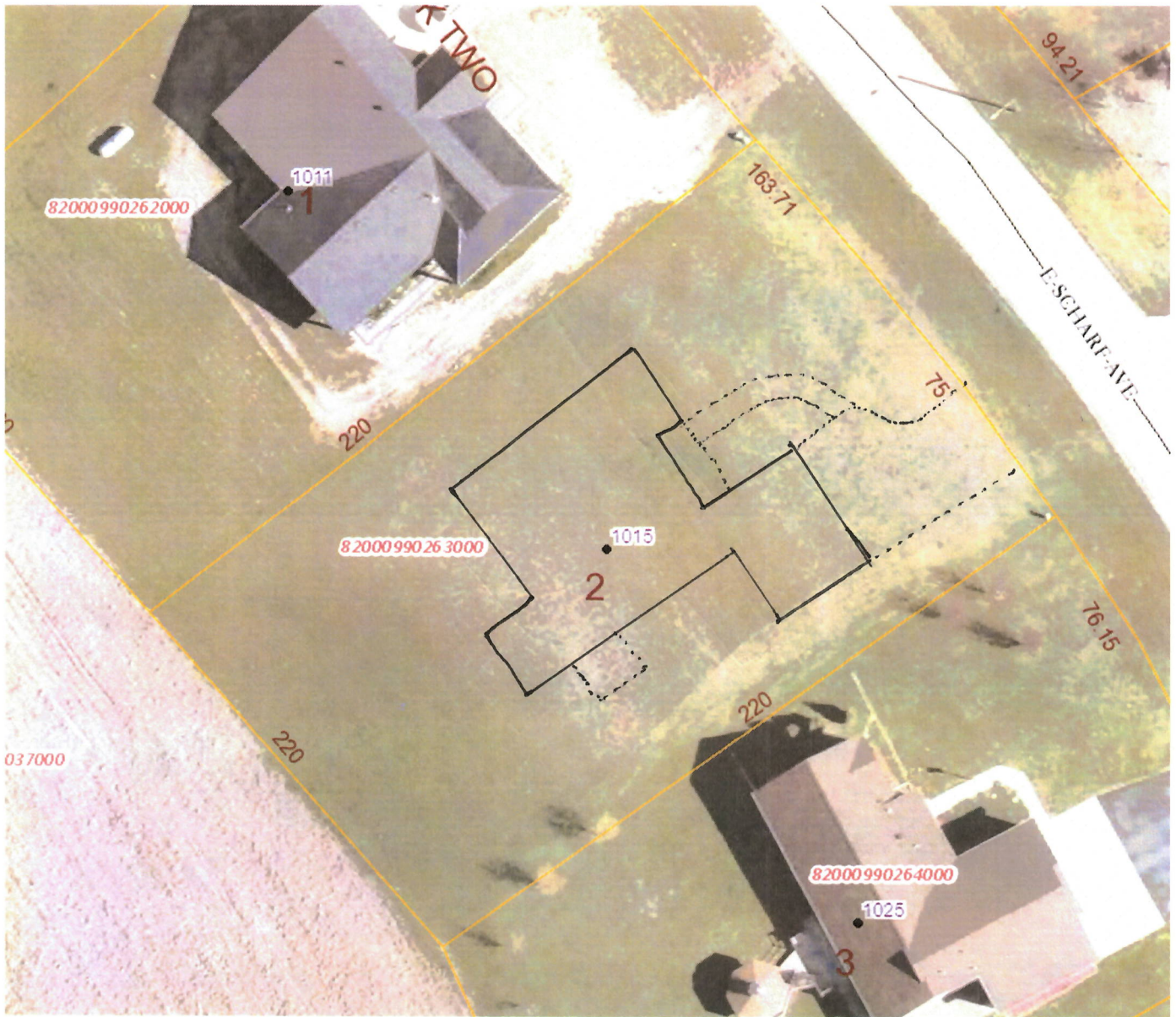
\$ _____ Tar Break Up Deposit

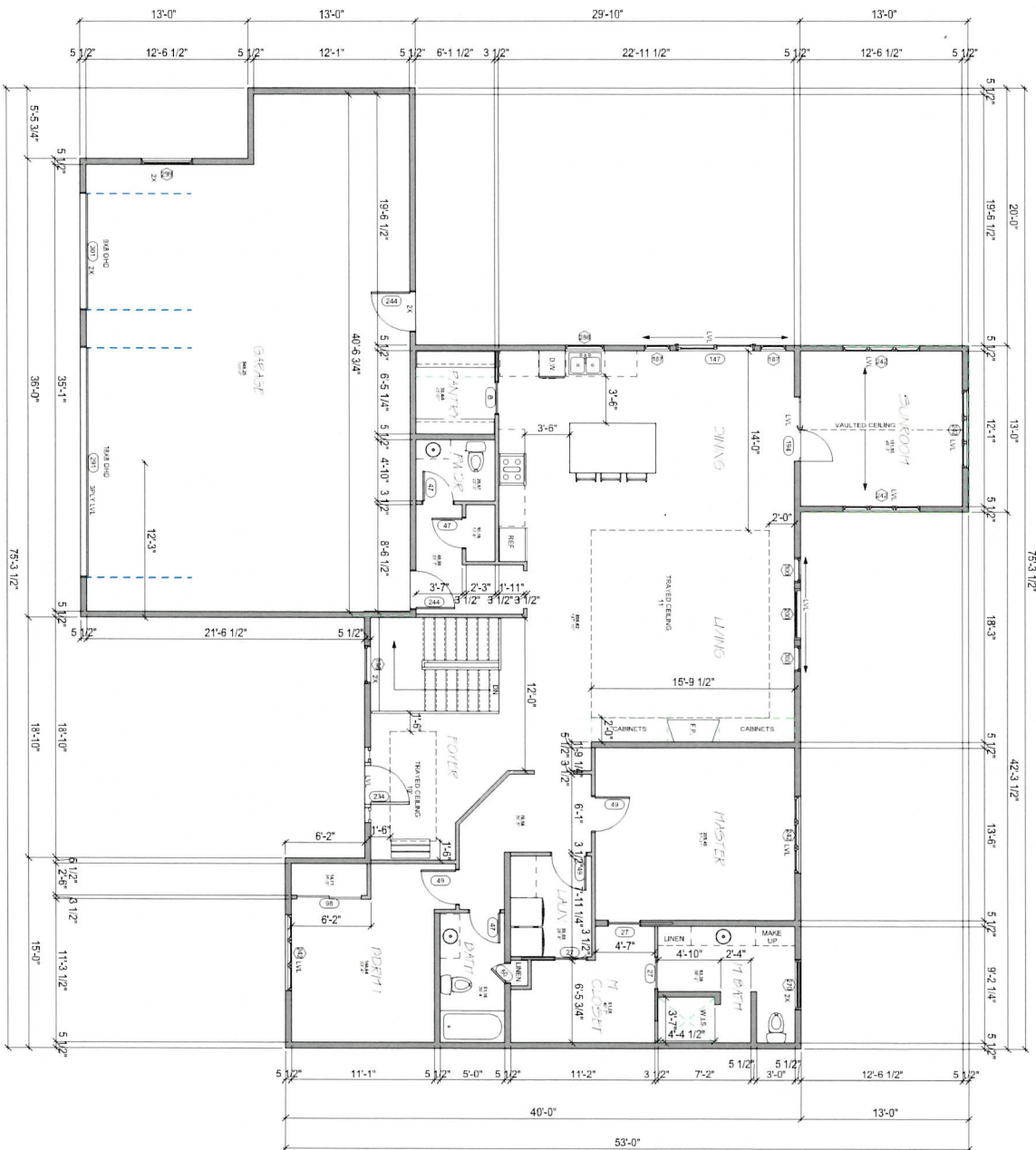
\$ 6,650.00 Total Fees

Receipt # 153919 Date Paid Sept. 17, 2024

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

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





MAIN LEVEL

Door Schedule

Type	Count	Head	Width	Height
1	1	6'-0"	2'-4"	6'-8"
2	1	6'-0"	2'-4"	6'-8"
3	1	6'-0"	2'-4"	6'-8"
4	1	6'-0"	2'-4"	6'-8"
5	1	6'-0"	2'-4"	6'-8"
6	1	6'-0"	2'-4"	6'-8"
7	1	6'-0"	2'-4"	6'-8"
8	1	6'-0"	2'-4"	6'-8"
9	1	6'-0"	2'-4"	6'-8"
10	1	6'-0"	2'-4"	6'-8"
11	1	6'-0"	2'-4"	6'-8"
12	1	6'-0"	2'-4"	6'-8"
13	1	6'-0"	2'-4"	6'-8"
14	1	6'-0"	2'-4"	6'-8"
15	1	6'-0"	2'-4"	6'-8"
16	1	6'-0"	2'-4"	6'-8"
17	1	6'-0"	2'-4"	6'-8"
18	1	6'-0"	2'-4"	6'-8"
19	1	6'-0"	2'-4"	6'-8"
20	1	6'-0"	2'-4"	6'-8"
21	1	6'-0"	2'-4"	6'-8"
22	1	6'-0"	2'-4"	6'-8"
23	1	6'-0"	2'-4"	6'-8"
24	1	6'-0"	2'-4"	6'-8"
25	1	6'-0"	2'-4"	6'-8"
26	1	6'-0"	2'-4"	6'-8"
27	1	6'-0"	2'-4"	6'-8"
28	1	6'-0"	2'-4"	6'-8"
29	1	6'-0"	2'-4"	6'-8"
30	1	6'-0"	2'-4"	6'-8"
31	1	6'-0"	2'-4"	6'-8"
32	1	6'-0"	2'-4"	6'-8"

Window Schedule

Type	Count	Head	Width	Height
1	1	6'-0"	4'-0"	5'-0"
2	1	6'-0"	4'-0"	5'-0"
3	1	6'-0"	4'-0"	5'-0"
4	1	6'-0"	4'-0"	5'-0"
5	1	6'-0"	4'-0"	5'-0"
6	1	6'-0"	4'-0"	5'-0"
7	1	6'-0"	4'-0"	5'-0"
8	1	6'-0"	4'-0"	5'-0"
9	1	6'-0"	4'-0"	5'-0"
10	1	6'-0"	4'-0"	5'-0"
11	1	6'-0"	4'-0"	5'-0"
12	1	6'-0"	4'-0"	5'-0"
13	1	6'-0"	4'-0"	5'-0"
14	1	6'-0"	4'-0"	5'-0"
15	1	6'-0"	4'-0"	5'-0"
16	1	6'-0"	4'-0"	5'-0"
17	1	6'-0"	4'-0"	5'-0"
18	1	6'-0"	4'-0"	5'-0"
19	1	6'-0"	4'-0"	5'-0"
20	1	6'-0"	4'-0"	5'-0"
21	1	6'-0"	4'-0"	5'-0"
22	1	6'-0"	4'-0"	5'-0"
23	1	6'-0"	4'-0"	5'-0"
24	1	6'-0"	4'-0"	5'-0"
25	1	6'-0"	4'-0"	5'-0"
26	1	6'-0"	4'-0"	5'-0"
27	1	6'-0"	4'-0"	5'-0"
28	1	6'-0"	4'-0"	5'-0"
29	1	6'-0"	4'-0"	5'-0"
30	1	6'-0"	4'-0"	5'-0"
31	1	6'-0"	4'-0"	5'-0"
32	1	6'-0"	4'-0"	5'-0"

Scale: 1/4" = 1'-0"

Date: 8/29/2024 11:03:03 AM

JOHNSTON RESIDENCE

MAIN LEVEL

FINAL DRAWINGS FOR CONSTRUCTION

CUSTOMER APPROVAL:

DATE:

CONTRACTOR APPROVAL:

DATE:

DRAWN BY: R.HAMILTON

CHECKED BY:

REVISION #

1: REVISION #

2: REVISION #

3: REVISION #

FRANKLIN FENCE

109 1st Avenue South

Vergas, MN 56587

Phone : 218-342-2084

E-Mail : franklinfence@arvig.net