

Fee Paid \$60.00

Owner: Vergas Apartments

Applicant: Vergas Apartments

General Contractor: Swenson Roofing

No. 2024-040

City of Vergas

Construction Permit

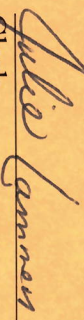
IN CONSIDERATION OF The statements and representations made by Vergas Apartments Applicant, at address 315 E. Frazee Ave., Vergas, MN in the application therefore duly filed in this office, which application is hereby made a part hereof, PERMISSION IS HEREBY GRANTED TO said Vergas Apartments as owner to Replace roof and shingles, leaking into apartment #2, as described
front or width in feet: _____; side or length in feet _____; cubic feet _____; height in feet _____
number of stories _____; contents _____; square feet; upon
that tract of land described as follows:
Lot _____ Block _____; plat or addition 82000990171000 which tract is of the size and area specified in said application.

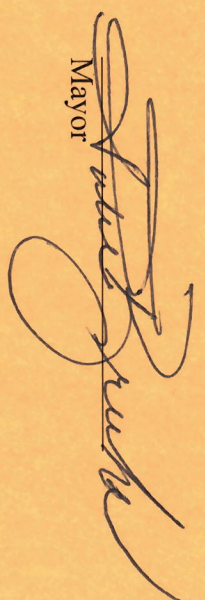
This permit is granted upon the express conditions that said owner or the person to whom it is granted, and his contractors, agents, workmen and employees, shall comply in all respects with the ordinances of the City of Vergas; that it does not cover the use of public property, such as streets, sidewalks, alleys, etc., for which special permits must be secured; and that it does not cover the following;
for which special permits must be secured.

(Electrical work, plumbing, heating, plastering, ect. if such there be)

Given under the hand of the Mayor of said City of Vergas and its corporate seal and attested by its Clerk this 6th day of October 2024

Attest:


Clerk


Mayor

Permit Expires in one year

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

Permit Number: 2024-040 Date Received: 10/7/2024 Parcel Number: 82000990171000

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

- ☐ ☒ 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 4, 5, 6, Block 2, Addition Schmalz & Nostadt 2nd
Property: Width 320 feet, Length 200 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 Apartments

Address of Construction Project: 315 E. FRAZER, VERGAS, MN

Mailing Address: 47057 Beryl Lane, Perham Phone: 218-298-2705

1. Permit to (CIRCLE ONE)

Addition Alter Build Demolish Install Move Remodel Repair

Description of work to be done: Replace Roof Shingles. Leaking
into Apt #2

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

3. VALUATION (not just your cost) of work being completed: \$ 19,600

Building Contractor:

Name: Swenson R. S. License Number: BC 639474 Phone: 701-306-2013

Plumber: (must have MN License)

Name: _____ License Number: _____ Phone: _____

Electrician:

Name: _____ License Number: _____ Phone: _____

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. I am 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.

I am the (CIRCLE ONE) OWNER LESSEE PURCHASER AGENT

4. APPLICANT'S

SIGNATURE: [Signature] DATE: 10-4-24

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

By signing this application, you are giving City employees and representatives permission to inspect your property.

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 _____

City of Vergas has 60 days to approve or deny a permit. The date begins when all documents have been submitted to the city. Permits are valid for one year.

FOR OFFICE USE ONLY

\$ _____ Water Hook-up \$ _____ Sewer Hook-up

\$ _____ Permit Fee \$ _____ Tar Break Up Deposit

\$ 100.00 Total Fees

Receipt # 153937 Date Paid Oct. 07, 2024

Signature: _____ Date: _____, 20__

(Permitting Authority)

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