

Permit Number: \_\_\_\_\_ Date Received: 5/19/65 Parcel Number: R8200050031000

**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 \_\_\_\_\_, 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: Bruce L. Sonnenberg

Address of Construction Project: 461 South Pelican Ave.

Mailing Address: Same Phone: 218-342-2915

1. Permit to (CIRCLE ONE)

Addition    Alter    Build    Demolish    Install    Move    Remodel    Repair

Description of work to be done: 24x24 - 2 stall garage

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: \$ 50,000.00

**Building Contractor:**

Name: New 2 Construction License Number: \_\_\_\_\_ Phone: \_\_\_\_\_

**Plumber:** (must have MN License)

Name: NO License Number: \_\_\_\_\_ Phone: \_\_\_\_\_

**Electrician:**

Name: Zitrow Electric 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: Bruce L. Lonnaby DATE: 5/19/25

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.

Bruce L. Lonnaby \_\_\_\_\_  
Signature of Applicant Date Zoning Official Date  
5/19/25

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.

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#### FOR OFFICE USE ONLY

\$ \_\_\_\_\_ Water Hook-up \$ \_\_\_\_\_ Sewer Hook-up  
\$ 150 Permit Fee \$ \_\_\_\_\_ Tar Break Up Deposit  
\$ 150 Total Fees

Receipt # 166234 Date Paid 5/19, 2025

Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_  
(Permitting Authority)  
Date Approved by Planning Commission or Clerk-Treasurer: \_\_\_\_\_, 20\_\_





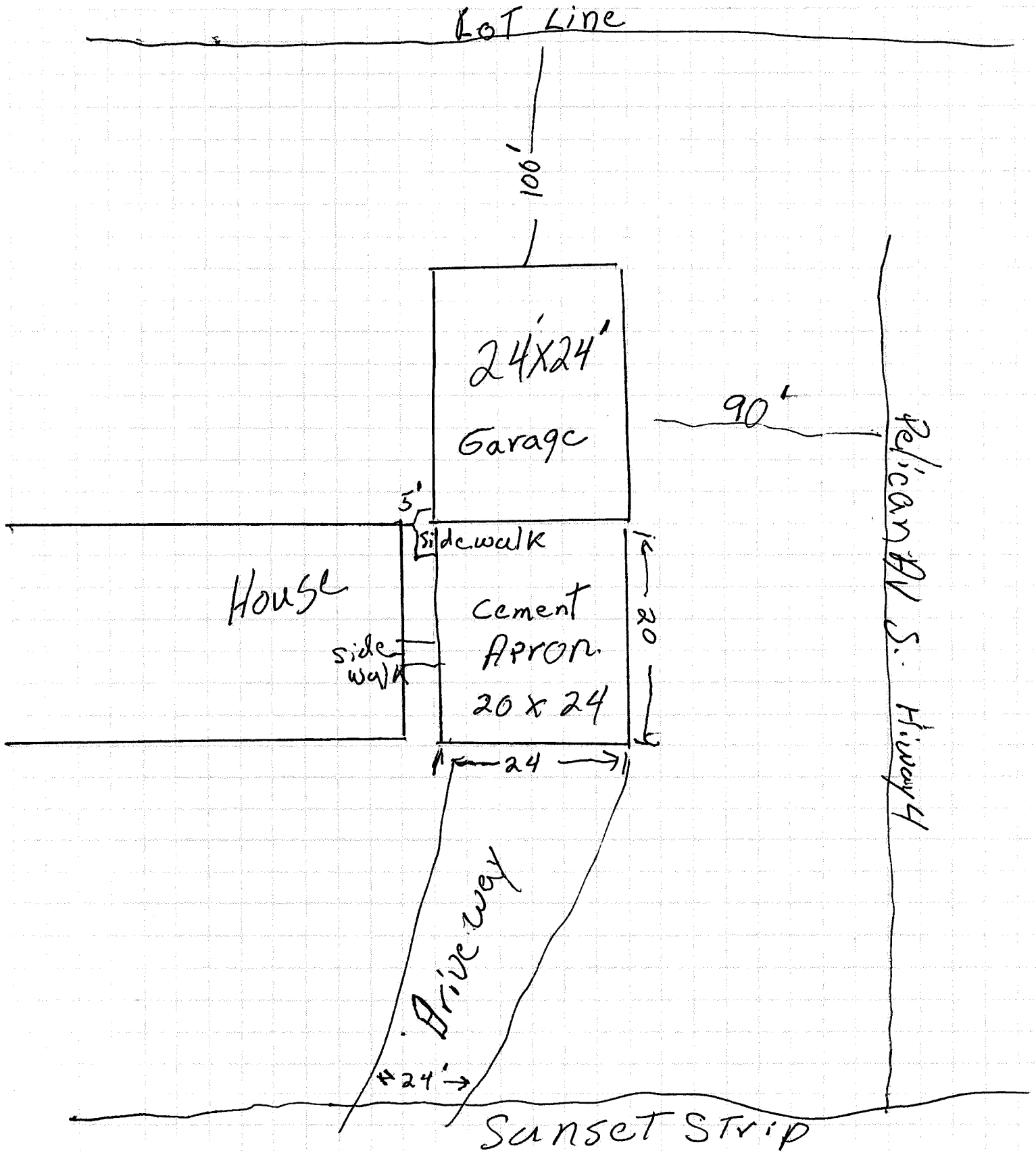


# Central Minnesota Fabricating, Inc.

WILLMAR, MINNESOTA 56201

PHONE (612) 235-4181 - WILLMAR (612) 545-3676 - MINNEAPOLIS

*Bruce Sonnenburg*



Permit Number: \_\_\_\_\_ Date Received: 5/19/25 Parcel Number: ~~800050031000~~ R02000500031000 Fee \$75.00  
**City of Vergas Application For Grade and Fill Permit**

Property Description:

Lake # \_\_\_\_\_ Lake Name \_\_\_\_\_ Parcel Number \_\_\_\_\_

Legal Description Sect.-25 Twp 137 Range 041: 59 acE  
10 R.DS of S Rods of GVT LOT 2 EX TR

Lot \_\_\_\_\_, Block \_\_\_\_\_, Addition \_\_\_\_\_

Property: Width \_\_\_\_\_ feet, Length \_\_\_\_\_ feet

Property Owner: Bruce Sonnenberg

Address of Project property: 461 So. Pelican Ave

Mailing Address: Same

Phone: 218-342-2915 or 218-234-1792

Contractors Name: Sonnenberg Excavating

License Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Note:

1. The lot lines and project area(s) must be staked before application is made.
2. If the project disturbs more than 1 acre of land, you are required to obtain a General Storm Water Permit from the Minnesota Pollution Control Agency.

On a separate paper, attached to this application, please draw a scale drawing of the project.

Please describe the project:

Detailed Information:

Area to be cut/excavated 30' length 30' width \_\_\_\_\_ depth \_\_\_\_\_

Area to be filled/leveled 30' length 30' width \_\_\_\_\_ depth \_\_\_\_\_

Culvert(s) \_\_\_\_\_ yes X no If yes, you must indicate size and location on drawing.

Type of soils and/or fill material class 5

Total cubic yards of earthmoving requested 30 yards

Signature of property owner Bruce Sonnenberg Date 5 19 25