

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

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: _____

Address of Construction Project: _____

Mailing Address: _____ Phone: _____

1. Permit to (CIRCLE ONE)

Addition	Alter	Build	Demolish	Install	Move	Remodel	Repair
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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

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

Name: _____ License Number: _____ Phone: _____

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: _____ DATE: _____

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

\$ _____ Total Fees

Receipt # _____ Date Paid _____, 20__

Signature: _____ Date: _____, 20__

(Permitting Authority)

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