

CHECKLIST FOR BUILDING PERMIT APPLICATION

PERMIT# _____

PROPERTY ADDRESS: _____

CONTRACTOR: _____

PHONE: _____

Pre-Construction:

- Completed & Signed Building Permit Application
- Detailed building plans
- To-scale plot plan showing placement of structure on lot
- Lot lines known – if not, located (contractor/surveyor)
- Proper setbacks according to City Ordinance
- ND One-Call contacted for locates

LOCAL GOVERNMENT AGENCY TO COMPLETE THIS SECTION (must be attached to permit application!!)

| | REQUIRED? | APPROVED | DATE | NUMBER | BY |
|-----------------------|--|----------|------|--------|----|
| A – Zoning | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| B – Fire District | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| C – Pollution Control | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| D – Noise Control | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| E – Soil Erosion | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| F – Flood Zone | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| G – Water Supply | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| H – Septic System | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| I – Variance Granted | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| J – Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Approval Signature | | | | | |
| TITLE | | | Date | | |

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