

## 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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