

GRANT COUNTY BUILDING PERMIT APPLICATION

Tax Equalization Director PO BOX 263 Carson, ND 58529 701-622-3311

FEE: \$15.00

Payable to: Grant County Treasurer

Grant County Zoning Ordinance 6.9.3 Penalties for Violations

Each violation of any regulation or restriction of this ordinance by any person shall constitute the maintenance of a public nuisance and shall, pursuant to the provisions of N.D.C.C. 11-33-21, be a class B misdemeanor. Each day that a violation occurs shall be considered a separate punishable offense.

NAME OF APPLICANT _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE# _____ CELL# _____ EMAIL _____

BUILDING CONTRACTOR _____ PHONE# _____ CELL# _____

DESCRIPTION OF BUILDING _____ TYPE OF CONSTRUCTION _____
 (IE: HOUSE, GARAGE, SHOP, SHED, DECK, ETC) (IE: WOOD, STEEL, POLE, ETC)

CLASS OF WORK: NEW _____ ADDITION _____ ALTERATION _____ REPLACEMENT _____

SITE PLAN

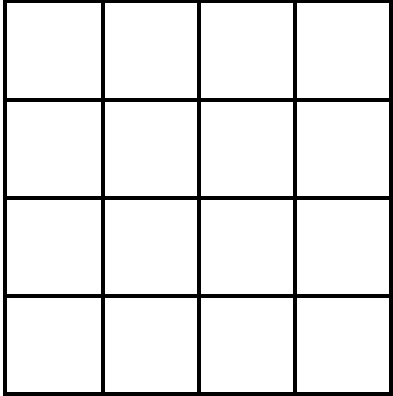
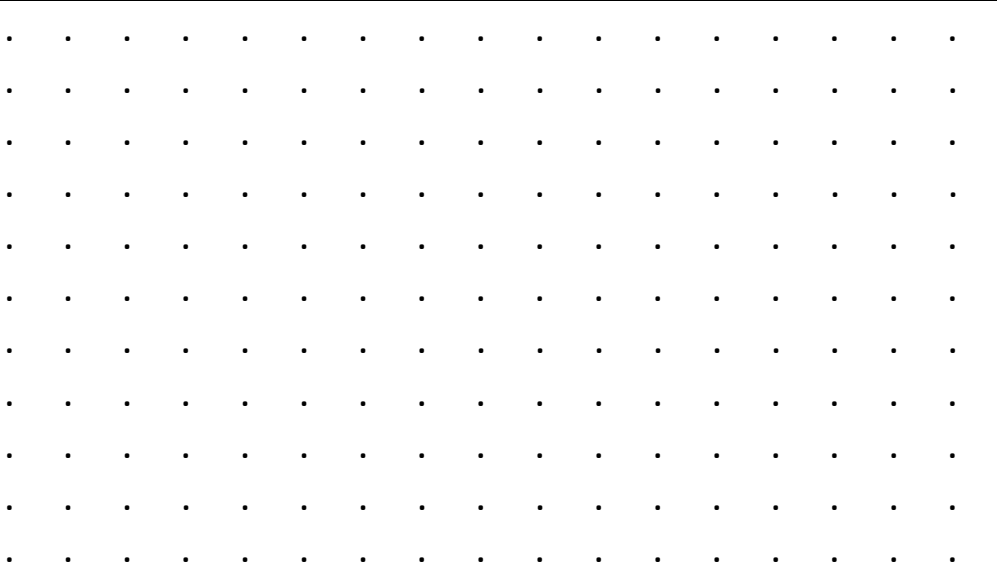
SITE ADDRESS _____ LEGAL DESCRIPTION _____
 SEC _____ TWP _____ RGE _____ QT _____

TOTAL SITE AREA _____ SQ FT/ACRES TOTAL AREA OCCUPIED BY BLDG _____ SQ FT

IN THE BOXES BELOW, SHOW SITE LOCATION IN SECTION AND SHOW WHERE THE NEW STRUCTURE(S) AS WELL AS ANY EXISTING STRUCTURE(S) ARE LOCATED. **SHOW DISTANCE TO THE CENTERLINE OF ROAD, AND FOLLOW SETBACK REGULATIONS.**

SITE LOCATION IN SECTION

LOCATION OF PROPOSED STRUCTURE(S) AND EXISTING STRUCTURE(S)

	
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TYPE OF STRUCTURE (check one)

RESIDENTIAL _____ MODULAR _____ MANUFACTURED _____ COMMERCIAL _____

DESCRIBE PROPOSED STRUCTURE(S) EITHER TO BE CONSTRUCTED ON SITE _____ OR MOVED ON TO SITE _____

MAIN BUILDING SIZE: LENGTH _____ WIDTH _____ LENGTH _____ WIDTH _____
HEIGHT (# STORIES) _____ TYPE OF SIDING: _____ # BEDROOMS _____

BASEMENT: FULL _____ SQ FT PART BSMT _____ SQ FT CRAWL SP _____ SQ FT
CONCRETE _____ BLOCK _____ TILE _____ WOOD _____ # BEDROOMS _____ BATH: YES _____ NO _____

ADDITION TO MAIN BLDG: LEN _____ WID _____ FULL BASEMENT _____ PART BSMT _____ CRAWL SP _____
HEIGHT (# STORIES) _____ TYPE OF SIDING: _____ # BEDROOMS _____

DECK(s): front/back/side LEN _____ WID _____, front/back/side LEN _____ WID _____

****MANUFACTURED HOME:** YEAR MODEL: _____ MAKE: _____ SERIAL # _____
LEN _____ WID _____ # BEDROOMS _____

GARAGE: SIZE – LEN _____ WID _____ ATTACHED _____ DETACHED _____ TYPE OF SIDING: _____
SIDEWALL HEIGHT: _____ FLOOR: CONCRETE _____ GRAVEL _____

SHED/STORAGE BLDG: SIZE - LEN _____ WID _____ WOOD FRAME _____ POLE FRAME _____ STEEL
FRAME _____ SIDEWALL HEIGHT: _____ FLOOR: CONCRETE _____ GRAVEL _____
HEIGHT (# STORIES) _____ TYPE OF SIDING: _____ # BEDROOMS _____

OTHER: _____ ELECTRICITY, _____ A/C, _____ PLUMBING, _____ HEATING (gas _____, elec _____, wood stove/fireplace _____)

ANTICIPATED START DATE: _____ PROJECTED DATE OF COMPLETION: _____

ESTIMATED COST OF CONSTRUCTION: _____

I HEREBY CERTIFY I AM THE OWNER OR AUTHORIZED AGENT OF THE ABOVE DESCRIBED PROPERTY. TO THE BEST OF MY KNOWLEDGE ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT THE PROJECT WILL CONFORM TO ALL OF THE GRANT COUNTY ZONING REGULATIONS.

SIGNATURE: _____ DATE: _____

****NOTE: IF THIS IS A REPLACEMENT OR NEW MOBILE/MANUFACTURED HOME, AN APPLICATION FOR MOBILE HOME COUNTY REGISTRATION MUST BE FILED WITH GRANT COUNTY WITHIN 10 DAYS AFTER THE MOBILE HOME IS ACQUIRED NDCC 57-55-01.1 an application can be found @ grantcountynd.com document center planning & zoning**

OFFICE USE ONLY

PLANNING AND ZONING: APPROVED _____ DENIED _____ DATE: _____

SIGNATURE OF PLANNING AND ZONING DIRECTOR: see meeting minutes for Board approval

(THIS FORM MUST BE INCLUDED WITH PERMIT APPLICATION / OR A COPY OF ORIGINAL BLUE PRINT CAN BE ATTACHED)

BLUE PRINT OF PROJECT – INCLUDE ROOM ARRANGEMENT (IF TWO STORY/ SPLIT LEVEL – INCLUDE ALL LEVELS)
(IE KITCHEN, LIVINGROOM, BATH(s), BEDROOMS ETC)

A large rectangular area with a grid of small dots, intended for a blue print or room arrangement drawing. The grid consists of 20 columns and 20 rows of dots, providing a guide for drawing architectural plans.