



Application for Plan Examination and Building Permit

CITY OF DEVILS LAKE

PO Box 1048
 Devils Lake, ND 58301-1048
 (701)662-7600, Extension 3

Building Permit No. _____

Important - Applicant to complete all items in sections: I, II, III, IV, and VIII.

I. Location of Building	AT (LOCATION) _____ I.D. NO. _____ (No.) (Street)
	OWNER'S NAME _____
	SUBDIVISION _____ LOT _____ BLOCK _____

II. Type and Cost of Building - All applicants complete parts A-D

A. TYPE OF IMPROVEMENT	D. PROPOSED USE - For "Wrecking" most recent use	
1. New Building	Residential	Non-Residential
2. Addition	13. One Family	19. Amusement, recreational
3. Repair, Replacement	14. Two or more family - Enter number of units _____	20. Church, other religious
4. Wrecking	15. Transient hotel, motel, or dormitory - Enter number of units _____	21. Industrial
5. Relocation	16. Garage _____	22. Parking garage
6. Moving	17. Carport _____	23. Service station, repair garage
7. Foundation only	18. Other - specify _____ _____ _____	24. Hospital, Institutional
B. OWNERSHIP		25. Office, bank, professional
8. Private (individual, corporation, non-profit institution, etc.)		26. Public utility
9. Public (Federal, State or local government)		27. School, library, other educational
		28. Stores, mercantile
		29. Tanks, towers
		30. Other - specify _____

C. COST	Describe proposed use of buildings, e.g. food processing plant, machine shop, laundry building at hospital, elementary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.
10. Cost of Building Materials \$ _____	
11. Labor (general) \$ _____	
a. Electrical \$ _____	
b. Plumbing \$ _____	
c. Heating, air conditioning \$ _____	
d. Other (elevator, etc.) \$ _____	
12. Total Cost of Improvement \$ _____	

Permit fees for new construction will be based on construction costs as determined by Building Valuation Data Tables

III. Selected Characteristics of Building - For new building and additions, complete Parts E-J; for wrecking, complete only Part H, for all others skip to IV.

E. PRINCIPLE TYPE OF FRAME	G. TYPE OF MECHANICAL	I. NUMBER OF OFF-STREET PARKING SPACES
31. Masonry (wall bearing)	Will there be central air conditioning?	48. Enclosed _____
32. Wood Frame	41. Yes 42. NO	49. Outdoors _____
33. Structural steel	Will there be an elevator?	
34. Reinforced concrete	43. Yes 44. NO	J. RESIDENTIAL BUILDING ONLY
35. Other - specify _____		50. Number of bedrooms _____
F. PRINCIPLE TYPE OF HEATING FUEL	H. DIMENSIONS	51. Number of bathrooms:
36. Gas	45. Number of stories _____	Full _____
37. Oil	46. Total square feet of floor area, all floors, based on exterior dimensions _____	Partial _____
38. Electricity	47. Total land area, sq. ft _____	
39. Coal		
40. Other - specify _____		

Notes and data - (For department use)

TYPE: _____ USE: _____

_____ X _____ _____ SQ. FT.

FOUNDATION TYPE: _____

INSPECTIONS REQUIRED:

- FOOTING
- FOUNDATION
- PRE-BACK FILL INSPECTION
- BACKFILL
- INTERMEDIATE
- FRAMING
- FINAL
- SUB FLOOR PLUMBING
- ABOVE GROUND PLUMBING
- OTHER

NOTES:

NOTICE

Federal Laws may require this construction project to conform with the American with Disabilities Act Accessibility Guidelines for Buildings and Facilities.

NDCC SECTION 54-21.3-04.2

IV. Identification - To be completed by all applicants				
	Name	Mailing Address - number, street, city, state	Zip Code	Tel. No.
1. Owner or Lessee				
2. Architect or Engineer				
3. Contractor				
<p>The permit applicant/holder/owner at all times remains responsible for ensuring that the construction, plans, and specifications comply with all requirements of all City Codes and other applicable requirements. Through application for and acceptance of this building permit the permit applicant/holder/owner understands and agrees that the City will conduct periodic observations of construction, but that such observation or review of plans and/or construction does not constitute either explicit or implied certification that the plans and/or construction comply with City Codes or any other applicable requirements.</p>				
Signature of Applicant:			Mailing Address :	
X				
Application Date:			Telephone No. :	

V. Licensed Contractors	
General	
Plumbing	
Electrical	
Heating & Air Conditioning	
Other	

VI. Validation	
Building Permit Number _____	
Building Permit Issued _____ 20 _____	
Building Permit Fee \$ _____	
Approved By:	
	Title

VII. Zoning Plan Examiners Notes
Zoning District
Use
Front Yard
Side Yard Side Yard
Rear Yard
Flood Zone
Notes
Lot Size

VIII. Site or Plot Plan - For Applicant Use
