



## 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.**

<b>I. Location of Building</b>	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**

<b>A. TYPE OF IMPROVEMENT</b> 1. <input type="checkbox"/> New Building 2. <input type="checkbox"/> Addition 3. <input type="checkbox"/> Repair, Replacement 4. <input type="checkbox"/> Wrecking 5. <input type="checkbox"/> Relocation 6. <input type="checkbox"/> Moving 7. <input type="checkbox"/> Foundation only	<b>D. PROPOSED USE - For "Wrecking" most recent use</b> <table border="0"> <tr> <td><b>Residential</b></td> <td><b>Non-Residential</b></td> </tr> <tr> <td>13. <input type="checkbox"/> One Family</td> <td>19. <input type="checkbox"/> Amusement, recreational</td> </tr> <tr> <td>14. <input type="checkbox"/> Two or more family - Enter number of units _____</td> <td>20. <input type="checkbox"/> Church, other religious</td> </tr> <tr> <td>15. <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</td> <td>21. <input type="checkbox"/> Industrial</td> </tr> <tr> <td>16. <input type="checkbox"/> Garage</td> <td>22. <input type="checkbox"/> Parking garage</td> </tr> <tr> <td>17. <input type="checkbox"/> Carport</td> <td>23. <input type="checkbox"/> Service station, repair garage</td> </tr> <tr> <td>18. <input type="checkbox"/> Other - specify _____</td> <td>24. <input type="checkbox"/> Hospital, Institutional</td> </tr> <tr> <td></td> <td>25. <input type="checkbox"/> Office, bank, professional</td> </tr> <tr> <td></td> <td>26. <input type="checkbox"/> Public utility</td> </tr> <tr> <td></td> <td>27. <input type="checkbox"/> School, library, other educational</td> </tr> <tr> <td></td> <td>28. <input type="checkbox"/> Stores, mercantile</td> </tr> <tr> <td></td> <td>29. <input type="checkbox"/> Tanks, towers</td> </tr> <tr> <td></td> <td>30. <input type="checkbox"/> Other - specify _____</td> </tr> </table>	<b>Residential</b>	<b>Non-Residential</b>	13. <input type="checkbox"/> One Family	19. <input type="checkbox"/> Amusement, recreational	14. <input type="checkbox"/> Two or more family - Enter number of units _____	20. <input type="checkbox"/> Church, other religious	15. <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____	21. <input type="checkbox"/> Industrial	16. <input type="checkbox"/> Garage	22. <input type="checkbox"/> Parking garage	17. <input type="checkbox"/> Carport	23. <input type="checkbox"/> Service station, repair garage	18. <input type="checkbox"/> Other - specify _____	24. <input type="checkbox"/> Hospital, Institutional		25. <input type="checkbox"/> Office, bank, professional		26. <input type="checkbox"/> Public utility		27. <input type="checkbox"/> School, library, other educational		28. <input type="checkbox"/> Stores, mercantile		29. <input type="checkbox"/> Tanks, towers		30. <input type="checkbox"/> Other - specify _____
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<b>B. OWNERSHIP</b> 8. <input type="checkbox"/> Private (individual, corporation, non-profit institution, etc.) 9. <input type="checkbox"/> Public (Federal, State or local government)																											

<b>C. COST</b> 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 \$ _____	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.
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**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.

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

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:

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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 :	
<b>X</b>				
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	

