

CITY OF MAYVILLE BUILDING PERMIT

DATE APPLIED FOR:	___/___/___
DATE OF ISSUE:	___/___/___



NAME:	ZONE USE: C A R-L R-G B-R B-R I-L
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LEGAL DESCR.	LOT:	BLOCK:	SUBDIVISION:	LOT SIZE:
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OWNER:	ADDRESS:	PHONE:
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CONTRACTOR:	ADDRESS:	LIC. NO.:	PHONE:
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EXCAVATORS LIC. NEEDED:	YES	NO	LIC. NO.:	PERMIT NO.:
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CLASS OF WORK: CIRCLE ONE	NEW	ADDITION	REMODEL	REPAIR	MOVE	DEMOLISH
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DESCRIPTION OF WORK:

TYPE OF CONSTRUCTION:	FOUNDATION:	DWELLING UNITS:		
SIZE OF BUILDING:	WIDTH:	LENGTH:	HEIGHT:	STORIES:
OFF STREET PARKING:	COVERED:	UNCOVERED:	ACCESS. BUILDINGS:	
TOTAL BUILDING AREA ON LOT:	LOT SIZE: S.F.	PERCENT OF LOT OCCUPIED:		%
FRONT YARD DEPTH: FT.	SIDE YARD: FT.	REAR YARD: FT.		
VALUATION OF WORK:	PERMIT FEE:	FEE PAID: YES	CHECK	
		NO	CASH	
TAPPING FEE: WATER \$100.00		An asbestos inspection is required before demolition or renovation. Please call the ND Dept. of Health at 701.328.5188		
SEWER \$100.00				

PERMIT FEE:	\$00.00 TO \$999.00 - \$00.00	\$5001. TO \$10,000. - \$50.00	ELEVATION FEE: 300.00
	\$1000. TO \$5000 - \$10.00	\$10,000.00 AND UP - 100.00	
MOVING PERMIT FEE:	\$5.00	DEMOLITION PERMIT FEE:	\$5.00

FOR BUILDINGS BEING MOVED INTO CITY: PICTURES OF SAID BUILDING MUST BE ON FILE WITH THE PLANNING AND ZONING COMMISSION
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SPECIAL REQUIREMENTS (TO BE COMPLETED BY CITY)	NOT		
	REQUIRED	RECEIVED	REQUIRED
1. A PLAN SHOWING THE LOCATION OF ALL BUILDINGS PROPOSED OR EXISTING			
2. CONDITIONAL USE PERMIT			
3. VARIANCE			
4. FOR BUILDINGS MOVED INTO CITY, PICTURES OF SAID BUILDING MUST BE ON FILE WITH THE PLANNING AND ZONING COMMISSION			

PENALTY FOR NON-COMPLIANCE: THE PLANNING AND ZONING COMMISSION HAS THE AUTHORITY TO STOP ALL CONSTRUCTION AND/OR ASSESS A FINE AS STATED IN CITY ORDINANCE.

PROPERTY OWNER: _____

ZONING ADMINISTRATOR: _____

MAYOR: _____

(IF NEEDED)

THIS PERMIT SHALL BECOME NULL AND VOID IF WORK DOES NOT BEGIN WITH ONE YEAR OF ISSUANCE