

Commercial Building Permit Application

BUILDING INSPECTIONS

Midwest Inspection Services 310 1st Avenue SE Mapleton, ND 58059 Phone: 701-532-1078 Fax: 701-532-1608

Please email completed applications to: <u>midwestinspectionservicesnd@gmail.com</u> Incomplete applications will cause delays in the routing/review and permitting process.

Project Title*:	Is this a Re-submittal?				
	□ Yes				
Address:	□ No				
Project Value:	If yes, an update submittal description is required.				
Project Description:					
Owner:	Contact Person:				
Address:	Phone: Fax:				
Address.	E-mail:				
Designer:	Contact Person:				
	Phone: Fax:				
Address:	E-mail:				
General Contractor:	ontact Person:				
	Phone: Fax:				
Address:	E-mail:				
ND Contractor License No.					
Foundation Contractor:	Mechanical Contractor:				
Phone: E-Mail: ND Contractor License No.	Phone: E-Mail: ND Contractor License No.				
Electrical Contractor:	Excavator:				
Phone:	Phone:				
Plumbing Contractor:	Fire Protection Contractor:				
Phone:	Phone:				

TYPE OF IMPROVEMENT:

New Construction Addition Remodel Demolition Move Repair Miscellaneous Temporary

PERMIT FOR:

□ Foundation □ Shell □ Interior (Check all that apply)

TYPE OF USE:

 Restaurant/Nightclub
 Recreation/Amusement
 Indoor/Outdoor Arenas/Grandstands
 Church
 Theaters

 Professional Offices/Service
 School
 Daycare
 Industrial/Factory
 High-Hazard Area
 Hospital/Assisted Care

 Retail/Wholesale Store
 Motor Fuel Dispensing Facility
 Hotel/Motel
 Multi-Family Dwelling
 Single Family Home

 Group Home
 Storage/Warehouse Facility
 Motor Vehicle Repair
 Accessory Building
 Other

DESCRIBE IN DETAIL THE INTENDED USE:

BUILDIN	G/STR	JCTURE S	IZE:					
Width	Ft.	Depth	Ft.	Height	Ft.	No. of Stories	Gross Floor Area	SF
<u>BUILDIN</u>	G LOC	ATION ON	SITE:					
Property	Zoning	Designatio	n					
North Property Setback Distance			Ft. 🔲 Front 🗌 Side 🗌 Rear 🗌 Adjacent to Public Way					
East Property Setback Distance			Ft. 🔲 Front 🗌 Side 🗌 Rear 🗋 Adjacent to Public Way					
South Property Setback Distance			Ft. 🔲 Front 🗌 Side 🗌 Rear 🗌 Adjacent to Public Way					
West Pro	perty S	etback Dist	ance	Ft. 🗌	Front] Side 🗌 Rear 🗌	Adjacent to Public Way	

BUILDING FIRE SPRINKLERED:

□ Yes □ No □ Partial

REQUIREMENTS FOR CONSTRUCTION IN FLOODPLAIN:

Is the Building Located in th	e Special Floodplain Hazard area?	☐ Yes ☐ No (If yes complete the following)				
Base Flood Elevation	Ft. Flood Protection Elevation	Ft. Letter of Map Revision Issued 🗌 Yes 🗌 No				
Acknowledgement Form Submitted 🗌 Yes 🗌 No						

For Office Use Only				
Occupancy Classification: A-1 A-2 A-3 A-4 A-5 B E F-1 F-2 H-1 H-2 H-3 H-4 H-5 5 I-1 I-2 I-3 I-4 M R-2 R-3 R-4 S-1 S-2 U				
<u>Construction Type:</u> □ I-A □ I-B □ II-A □ II-B □ III-A □ III-B □ IV-HT □ V-A □ V-B				
Septic Permit Required:				
Planning and Zoning Approval: P.U.D. Yes No Conditional Use Yes No Overlay District Yes No Date Approved Vertex Approved Vertex Approved Vertex Approved Vertex Approved Vertex Approved				

I hereby acknowledge that this application is not a Building Permit, nor does it authorize the start of construction.