



North Dakota

Commercial Building Permit Application

Permit Applicant Is: ___ Owner ___ Designer ___ Contractor ___ Other _____
 Type of Construction: ___ Wood ___ Metal ___ Masonry ___ Other _____
 Type of Work: ___ New** ___ Addition* ___ Alteration ___ Other _____
 Description of Project: _____

Site	Project Site Address (**all new construction must have address verification from Stark County Emergency management. Contact Jolyn Bliss 456-7607):	
Owner	Owner:	Contact Person:
	Owner Address:	Phone Number:
	City, State, Zip:	Fax Number:
Contractor	Contractor:	Contact Person:
	Owner Address:	Phone Number:
	City, State, Zip:	Fax Number:
Design Firm	Designer:	Contact Person:
	Owner Address:	Phone Number:
	City, State, Zip:	Fax Number:
	Structural Engineer:	Mechanical Engineer:
Project	Anticipated Start Date: _____	
	Sub Contractors:	Plumbing: _____
	(If Applicable)	Mechanical: _____
		Electrical: _____
		Excavation: _____
	Concrete: _____	

Zoning	Zoning District (see Zoning Map @ www.dickinsongov.com)	Land Use for Property
	Proposed Landscaping Width (see Section 39.08 for standards)	Describe Landscaping (submit landscape plan)
	Existing Zoning Approvals (SUP, Variance, Ect.)	
	New or Expansion of Existing Use	Other Information
Zoning	Actual Setbacks (North, South, East, West)	Height of Building(s)
	Total Square Footage of Building	Number of Paved Parking Spaces
	Driveway Width	
	Easements Shown on Plans	Building Coverage % and Impervious Surface %

I hereby certify that I have read and examined this application and know the same to be true and correct. I hereby certify that I have been authorized by the owner to act as his agent in applying for and obtaining this permit. All provisions of laws and ordinances governing this type of work will be complied with, whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. I further apply for a Building Permit and acknowledge that the information above is complete and accurate and this application is not a permit and all work will be performed in accordance with the conditions of the permit, the approved plans and specifications, and the North Dakota State Building Code. I will also allow work to remain accessible and exposed for inspection purposes. Furthermore, I grant City Staff access onto the subject property.

Applicant Signature: _____	Date: _____
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Once the application has been reviewed and processed, we will contact you (or the other contact person). Please provide contact information for this application. **Building Permits must be picked up 30 days from notification, or they will be cancelled!**

Print Name: _____ Phone Number: _____
 Email: _____