

Residential 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: midwestinspectionsservicesnd@gmail.com
 Incomplete applications will cause delays in the routing/review and permitting process.

| | | |
|---------------------------|---------------------------|------------------|
| Project Title*: | | Office use only: |
| Address: | | |
| Project Value: | | |
| Project Description: | | |
| Owner: | Contact Person: | |
| Address: | Phone: | Fax: |
| | E-mail: | |
| Designer: | Contact Person: | |
| Address: | Phone: | Fax: |
| | E-mail: | |
| General Contractor: | Contact Person: | |
| Address: | Phone: | Fax: |
| | E-mail: | |
| ND Contractor License No. | | |
| Foundation Contractor: | Mechanical Contractor: | |
| Phone: | Phone: | |
| E-Mail: | E-Mail: | |
| ND Contractor License No. | ND Contractor License No. | |
| Excavator: | Yard Grading Contractor: | |
| Phone: | Phone: | |
| Plumbing Contractor: | Electrical Contractor: | |
| Phone: | Phone: | |

TYPE OF IMPROVEMENT:

- New Construction
- Addition
- Remodel
- Demolition
- Move
- Repair
- Miscellaneous
- Temporary

PERMIT FOR:

- Single Family Dwelling
- Two Family Dwelling (Separate Permit for each Unit)
- Townhouse (Units)
- Accessory Building
- Deck
- Residing
- Lower Level Finish
- Other (Please Explain:)

BUILDING/STRUCTURE SIZE:

Width Ft. Depth Ft. Height Ft. No. of Stories Basement Finished Yes No

Basement Floor Area SF Number of Bedrooms

Main Floor Area SF Number of Bedrooms

Second Floor Area SF Number of Bedrooms

Third Floor Area SF Number of Bedrooms

Garage Floor Area SF

| # of Units | HVAC EQUIPMENT | TON'S/BTU's |
|------------|----------------|-------------|
| | | |
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| | | |

BUILDING LOCATION ON SITE:

Property Zoning Designation Property Area SF

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 Property Setback Distance Ft. Front Side Rear Adjacent to Public Way

REQUIREMENTS FOR CONSTRUCTION IN FLOODPLAIN:

Is the Building Located in the 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

Septic Permit Required:

Yes No

Planning and Zoning Approval:

P.U.D. Yes No Conditional Use Yes No Overlay District Yes No

Date Approved

I hereby acknowledge that this application is not a Building Permit, nor does it authorize the start of construction. If you do not wish to electronically sign please print and sign application before submittal

Signature of Applicant

Date

AFFIDAVIT

All Applicants shall complete and have notarized.

STATE OF MINNESOTA)
) SS
COUNTY OF NORMAN)

ADDRESS OF SITE _____

Date _____

We, the undersigned, being first duly sworn, on oath depose and state based on personal knowledge as follows, to-wit:

1. That we are all the fee owners of the said real estate, or if all of the owners have not personally signed this affidavit below, then a valid power of attorney, conservator or person acting with proper authority as demonstrated by an attached court order for each said person has signed below on their behalf.
2. That we are in approval of the permit application submitted on (date) _____ to the City of Ada for changes, alterations, new building and/or additions to the buildings/land at:
Address: _____ City,
State, Zip _____
3. That we are knowledgeable of the permit application design and /or changes to the said property and approve of such work being done on/to the property.
4. That all information contained in the attached permit application submitted herewith is true and correct.

OWNERS

(All owners or those with proper authority as described above)



PRINTED NAME _____

SIGNATURE _____

PRINTED NAME _____

SIGNATURE _____



Subscribed and sworn before me this _____ day of _____, 20 ____.

Owner to complete and return to:

City of Ada

404 West Main Street

P.O. Box 32

Ada, MN 56510-2711

NOTARY PUBLIC SIGNATURE

NOTARY PUBLIC PRINTED NAME

Permit Number: _____

Parcel Number: _____

Building Permit Applicant: PROPERTY OWNER

Complete only if you, as homeowner, are doing the work yourself.

The purpose of this form is to have property owners acknowledge their responsibilities to the Minnesota State Building Code, to Zoning Ordinances, and to other applicable rules and regulations when they are acting as general contractor in building projects.

I, _____ understand that the State of Minnesota requires that all Residential Building Contractors, Remodelers, and Roofers, obtain a State License unless they qualify for a specific exemption from the licensing requirements. This license requirement applies to owners of residential real estate who build or improve such property for purposes of speculation or resale.

By signing this document, I attest to the fact that I am improving this house for my own use and am not building or improving this house for the purpose of reselling it. I hereby claim to be exempt from the state licensing requirements because I am not in the business of building or remodeling on speculation or for resale and that the house for which I am applying for this permit, located at _____ in Ada, MN, is the first residential structure I have built or improved in the past 24 months. I also acknowledge that because I do not have a state license, I forfeit any mechanic's lien rights to which I may otherwise have been entitled under Minn. Stat. 514.01.

Furthermore, I acknowledge that I may be hiring independent contractors to perform certain aspects of the construction or improvement of this house and I understand that some of these contractors may be required to be licensed by the State of Minnesota. I understand that unlicensed residential contracting, remodeling, and/or roofing activity is a misdemeanor under Minnesota State Statute 326B.082, subdivision 16, and can also result in a fine of up to \$10,000. I further state that I understand that the filing of false statement with the City of Ada may also result in criminal prosecution and/or civil penalties pursuant to applicable city ordinances and/or state statutes.

I have also been informed and acknowledge that by listing myself as the contractor for this project, I am solely and personally responsible to the City of Ada for compliance with all applicable State Building Codes and City Ordinances in connection with the work performed on this property.

Signature or Property Owner

Printed Name of Property Owner

Project Address

Date

PLEASE RETURN THIS SIGNED WAIVER WITH THE BUILDING PERMIT APPLICATION.

To determine whether a particular contractor is required to be licensed, or to check on the licensing status of an individual contractor, call the Minnesota Department of Labor and Industry, Codes and Licensing Division, at 1-651-284-5069.