



CITY OF DICKINSON
 99 2ND STREET EAST • DICKINSON, ND 58601
 PHONE: 701-456-7744 • FAX: 701-456-7723
www.dickinsongov.com

RESIDENTIAL BUILDING PERMIT APPLICATION

PERMIT APPLICANT IS: Owner Designer Contractor Other _____
 TYPE OF CONSTRUCTION: Wood Metal Masonry Other _____
 TYPE OF WORK: New** Addition* Alteration* Other _____

Explanation of Work	Description of Project:		

Site	Project Site Address and Legal Description: <i>** all new construction must have address verification from Stark County Emergency Management (Contact Jolyn Bliss @ 456-7607)</i>		
Owner	Owner	Contact Person	
	Owner Address	Phone Number	
	City, State, Zip	Email Address	
Contractor	Contractor	Contact Person	
	Contractor Address	Phone Number	
	City, State, Zip	Email Address	License Number (if Applicable)
Design Firm	Designer	Contact Person	
	Firm Address	Phone Number	
	City, State, Zip	Email Address	License Number (if Applicable)
	Structural Engineer (if Applicable)	Mechanical Engineer (if Applicable)	

Project	Desired Start Date: _____		
	Sub Contractors: (if applicable)	Plumbing	_____
		Mechanical	_____
		Electrical	_____
		Concrete	_____
		Excavation	_____

Zoning	Zoning District (<i>See Zoning Map @ www.dickinsongov.com</i>)	Land Use For Property	
	Proposed Landscaping Width (<i>See Section 39.08 for standards</i>)	Describe Landscaping (<i>Submit Landscape Plan</i>)	
	Existing Zoning Approvals (<i>SUP, Variance, Etc.</i>)	New or Expansion of Existing Use	Other Information

Site Plan	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: _____

Once the application has been reviewed and processed we will contact you (or 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!**

Printed name: _____ Telephone: _____

Email: _____

Required Items:

(building plans must be ¼ inch scale)

- Site Plan
 Footing & Foundation Details
 Floor Plans (all levels)
 Elevations
 Wall Sections
 Landscape Plan
 Pictures of Site (prior to NEW construction – colored & labeled)
 \$60.00 Deposit (minimum plan review fee)
- from street towards lot (from proposed entrance of site), and from lot (all directions)

*Estimated cost for additions, decks, porches, egress windows and garages:
\$ _____

All applications must have **ALL** information completed and all plans submitted at the same time.
Partial plans and or applications will not be accepted.