## **Application for Building Permit**



Date of Application:			
Owner:		Builder:	
Mailing Address:		Contractors St	rate License No.:
Street Address:		Electrician:	
Phone No.:		License No.:	
Parcel No.:		Plumber:	
Lot: Block:		License No.: Heat source:	Electric Natural gas Other; please specify
Addition:			71 1 2
Lot dimensions:	= square f	eet	
Valuation of project:			
<ul> <li>Attach diagram of proposed construction including the distance to the four main lot lines.</li> <li>If construction is located in the floodplain, an elevation certificate must be submitted.</li> <li>The Planning &amp; Zoning Committee and the City Council must approve any variances including the five-foot lo line set-back.</li> <li>Federal law may require this construction project to conform with the Americans with Disabilities Act Accessibility Guidelines for buildings and facilities.</li> <li>Underground utilities must be located before any construction or demolition by calling ND One Call at 1-800-795-0555.</li> <li>The City of Cavalier offers many incentives for rehabilitation, expansion, and new construction.</li> <li>By signing this application, I certify that all information and statements provided on this application and all other documents submitted along with this application are true and correct. I further certify that all work will be done in</li> </ul>			
compliance with all applicable lay	= =		
Signature of Applicant:		Date:	
Official Use Only			
Approve		Deny	
Signature:		Date:	