



BARNES COUNTY BUILDING PERMIT APPLICATION

Planning & Zoning Administrator 230 4th St NW Room 202 Valley City, ND 58072
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APPLICATION FOR BUILDING PERMIT FEES:

Table with 2 columns: Description of structure and Fee/Requirement. Includes categories like Farm use, Structures up to 150 sq ft, Structures over 150 sq ft but less than \$5000.00, etc.

FEE \$ _____

NAME OF APPLICANT _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE# _____ CELL# _____ EMAIL _____

BUILDING CONTRACTOR _____ PHONE# _____ CELL# _____

DESCRIPTION OF BUILDING _____ TYPE OF CONSTRUCTION _____
(IE: HOUSE, GARAGE, SHOP, ETC) (IE: WOOD, STEEL, POLE, ETC)

BUILDING USE: RESIDENTIAL _____ AGRICULTURAL _____ RECREATIONAL _____ STORAGE _____ ANIMAL USE _____

CLASS OF WORK: NEW _____ ADDITION _____ MOVE _____ RENEWAL _____

SITE PLAN

SITE ADDRESS _____ LEGAL DESCRIPTION _____
SEC _____ TWP _____ RGE _____ TOTAL SITE AREA _____ ACRES

LOCATION OF PROPOSED STRUCTURE(S) AND EXISTING STRUCTURE(S)

Large empty rectangular box with a grid of dots for drawing the site plan.

TYPE OF STRUCTURE (check one)

RESIDENTIAL _____ MODULAR _____ MANUFACTURED _____ COMMERCIAL _____

DESCRIBE PROPOSED STRUCTURE(S) EITHER TO BE CONSTRUCTED ON SITE _____ OR MOVED ON TO SITE _____

MAIN BUILDING SIZE: LENGTH _____ WIDTH _____ LENGTH _____ WIDTH _____
HEIGHT & # STORIES _____ TYPE OF SIDING: _____ # BEDROOMS _____
BATHROOMS _____

BASEMENT: FULL _____ SQ FT PART BSMT _____ SQ FT CRAWL SP _____ SQ FT
CONCRETE _____ BLOCK _____ TILE _____ WOOD _____ # BEDROOMS _____ BATH: YES _____ NO _____

ADDITION TO MAIN BLDG: LEN _____ WID _____ FULL BASEMENT _____ PART BSMT _____ CRAWL SP _____
HEIGHT (# STORIES) _____ TYPE OF SIDING: _____ # BEDROOMS _____

GARAGE: SIZE – LEN _____ WID _____ ATTACHED _____ DETACHED _____ TYPE OF SIDING: _____
SIDEWALL HEIGHT: _____ FLOOR: CONCRETE _____ GRAVEL _____

STORAGE BLDG: SIZE - LEN _____ WID _____ WOOD FRAME _____ POLE FRAME _____ STEEL FRAME _____
SIDEWALL HEIGHT: _____ FLOOR: CONCRETE _____ GRAVEL _____

OTHER: _____

ANTICIPATED START DATE: _____ PROJECTED DATE OF COMPLETION: _____

ESTIMATED COST OF CONSTRUCTION: _____

I HEREBY CERTIFY I AM THE OWNER OR AUTHORIZED AGENT OF THE ABOVE DESCRIBED PROPERTY. TO THE BEST OF MY KNOWLEDGE ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT THE PROJECT WILL CONFORM TO ALL OF THE BARNES COUNTY ZONING REGULATIONS. **I WILL CONTACT THE P&Z ADMINISTRATOR WHEN PROJECT IS GOING TO START AND/OR IF THE PROJECT IS DELAYED AND WHEN IT WILL START UP AGAIN.**

SIGNATURE: _____

DATE: _____

OFFICE USE ONLY

PLANNING AND ZONING: APPROVED _____ DENIED _____ DATE: _____ PERMIT # _____

SIGNATURE OF PLANNING AND ZONING DIRECTOR: _____