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 _____

ESTIMATED COST OF PROJECT: _____

EXPLANATION OF WORK: _____

PROPERTY INFORMATION

Project Site Address _____

Owner _____ Contact Person _____

Owner Address _____ Phone Number _____

Email _____

CONTRACTOR INFORMATION

Contractor _____ Contact Person _____

Contractor Address _____ Phone Number _____

Email _____

License Number _____

DESIGNER INFORMATION

Name _____

Phone _____

License # _____

ENGINEER INFORMATION

Name _____

Phone _____

License # _____

OTHER: _____

Name _____

Phone _____

License # _____

OTHER: _____

Name _____

Phone _____

License # _____

If there are any other contractors, please attach their information.

I hereby apply for a Residential Building Permit and acknowledge that the information above is complete and accurate; that this is not a permit; that the work will be performed in accordance with the conditions of the permit, the approved plans and specifications, and the North Dakota State Building Code; and that I will cause the work to remain accessible and exposed for inspection purposes.

_____

Signature of Applicant Date

_____

Printed Name

ADDITIONAL ITEMS NEEDED TO OBTAIN PERMIT:

- ☐ Site Plan w Setbacks
- ☐ Footing & Foundation Details
- ☐ Floor Plans
- ☐ Elevations
- ☐ Wall Sections

APPLICATION PROCESS & TIMELINE

Completed applications must be submitted to the City Auditor. Applications are processed and sent to the City Building Inspector for approval or denial. If approved, the permit will be sent to the City Auditor. The applicant will be contacted with the permit fee as determined by the City Building Inspector, cash accepted or checks can be made payable to "City of Belfield."

The applicant is responsible for calling the City Building Inspector after each phase of the project and once the project is completed.

The permit should be read carefully for any other details.

Submit questions and/or completed application to:

@ auditor@cityofbelfield.com PO Box 5 Belfield, ND 58622 ☎ 701.575.4235 ext. 1

OFFICE USE ONLY			
LICENCE FEE		DATE RECEIVED	
CHECK NUMBER		RECEIVED BY	
COUNCIL MEETING		BOARD DECISION	
LICENSE NUMBER		ISSUE DATE	

_____

City Auditor