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: midwestinspectionservicesnd@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: Address:	Contact Person: Phone: Fax: E-mail:
Designer: Address:	Contact Person: Phone: Fax: E-mail:
General Contractor: Address: ND Contractor License No.	Contact Person: Phone: Fax: E-mail:
Foundation Contractor: Phone: E-Mail: ND Contractor License No.	Mechanical Contractor: Phone: E-Mail: ND Contractor License No.
Excavator: Phone:	Yard Grading Contractor: Phone:
Plumbing Contractor: Phone:	Electrical Contractor: Phone:

Complete back side.

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

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 no wish to electronically sign please print and sign application before submittal

Signature of Applicant Date