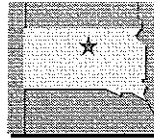


Edmunds County

Application for Building Permit



Edmunds County Planning & Zoning Commission • PO Box 247 • Ipswich, SD 57451
 Phone: (605) 426-6841 • Fax: (605) 426-6164 • doe.edco@midconetwork.com

PROPERTY OWNER

Name _____
 Address _____
 City, State & Zip _____

LEGAL DESCRIPTION Structure is to be located on/at:

ZONING DISTRICT: _____

SETBACK REQUIREMENTS

Front Yard: _____ Side Yard: _____
 Back Yard: _____ Variance Needed: YES NO

BUILDING / CONSTRUCTION INFORMATION

CIRCLE ONE: NEW BUILDING ADDITION ALTERATION REPAIR
 MOVE REMOVE/DESTROY

TYPE OF CONSTRUCTION: FRAME STEEL POLE MOBILE HOME

Additional Information: _____

DWELLING / HOUSE

Size: _____ Stories: _____ Type: _____
 Bedrooms: _____ Baths: _____ # of Fireplace(s): _____
 Basement: Finished _____ Unfinished _____
 Foundation: _____ Sewer System: _____
 Heating System: _____ Central Air: YES NO

GARAGE

Attached / Detached: _____
 Size: _____ Finish: _____

OTHER BUILDING(S)

Size: _____ Height: _____ Floor: _____
 Utilities: _____

APPLICATION DATE _____
 PERMIT FEE \$ _____
 RECEIPT # _____
 TOWNSHIP/TOWN _____
 SCHOOL DISTRICT _____
 PERMIT # _____

START DATE: _____
COMPLETION DATE: _____
CONTRACTOR: _____

IF BUILDING IS MOVED

TO: _____
FROM: _____

ESTIMATED COST OF PROJECT

\$ _____

BUILDING PERMIT FEES

(Based on estimated cost of construction)
 0-\$10,000: \$15 \$10,001-\$100,000: \$30
 \$100,001-\$500,000: \$75 \$500,001 & up: \$150
PLEASE MAKE CHECKS PAYABLE TO EDMUNDS COUNTY TREASURER

OWNER'S SIGNATURE

I have read the Building Permit Disclaimer and understand and will adhere to the setback requirements for this particular zoning district. I also understand the penalty for failure to adhere to these setback requirements, as outlined in Edmunds County Zoning Ordinance Section 2201. I agree to conform to all applicable laws and conditions stated.

Owner's Signature _____

Date _____

Approved by: _____

Date: _____