



BURLEIGH COUNTY

BUILDING/PLANNING/ZONING MISCELLANEOUS PERMIT APPLICATION

DATE: _____

SITE ADDRESS: _____

LEGAL DESCRIPTION: _____

OWNER: _____

CONTACT NUMBER: _____

CONTRACTOR: _____

CONTRACTOR STATE ID # _____

BILLING ADDRESS: _____

CONTACT: _____

_____ CONTACT NUMBER: _____

IS PROPERTY LOCATED IN THE FLOOD PLAIN? NO YES ELEVATION _____

TYPE OF CONSTRUCTION: WOOD STEEL POST OTHER _____

TYPE OF PERMIT: MECHANICAL TEMPORARY USE STRUCTURE HOME OCCUPATION

OTHER: _____

DESCRIPTION OF PROJECT:	TOTAL SQ. FT. _____ PROJECT COST: _____
-------------------------	--

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A PERMIT FOR THE CONSTRUCTION, INSTALLATION, REPLACEMENT, ALTERATION OF A BUILDING AS HEREIN SPECIFIED, AGREEING THAT ALL SUCH CONSTRUCTION SHALL BE IN STRICT ACCORDANCE WITH APPLICABLE COUNTY AND/OR STATE REGULATIONS AND/OR ORDINANCES AND TO HOLD BURLEIGH COUNTY HARMLESS FROM ANY AND ALL DAMAGES. THIS PERMIT IS NULL & VOID IF CONSTRUCTION AS AUTHORIZED IS NOT STARTED WITHIN 180 DAYS OR IF CONSTRUCTION IS SUSPENDED FOR A PERIOD OF 180 DAYS AFTER CONSTRUCTION IS STARTED.

SIGNATURE: _____

DATE: _____

APPROVED

DENIED

COMMENT: _____

SIGNATURE: _____

DATE: _____