

Residential Building Permit Application

BUILDING INSPECTIONS

Midwest Inspection Services 16553 37th ST SE Suite 5 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:	Contact Person:	
Address:	Phone: Fax:	
	E-mail:	
Designer:	Contact Person:	
Address:	Phone: Fax:	
	E-mail:	
General Contractor:	Contact Person:	
Address:	Phone: Fax:	
	E-mail:	
ND Contractor License No. Foundation Contractor:	Mechanical Contractor:	
Phone:	Phone:	
E-Mail:	E-Mail:	
ND Contractor License No. Excavator:	ND Contractor License No. Yard Grading Contractor:	
Phone:	Phone:	
Plumbing Contractor:	Electrical Contractor:	
Phone:	Phone:	

TYPE OF IMPRO ☐ New Construction	DVEMENT: ction	Repair
	Dwelling Two Family Dwelling (Separate Permit for each ilding Deck Residing Lower Level Finish Explain:	Unit) Townhouse (Units)
BUILDING/STRU Width Ft. Basement Floor Area Second Floor Area Third Floor Area Garage Floor Area	Depth Ft. Height Ft. No. of Stories Area SF Number of Bedrooms SF Number of Bedrooms ea SF Number of Bedrooms SF Number of Bedrooms	Basement Finished ☐ Yes ☐ No
# of Units	HVAC EQUIPMENT	TON'S/BTU's
Property Zoning I North Property Se East Property Se South Property S West Property Se	Designation Property Area SF etback Distance Ft. ☐ Front ☐ Side ☐ Rear ☐ Adjace etback Distance Ft. ☐ Front ☐ Side ☐ Rear ☐ Adjace etback Distance Ft. ☐ Front ☐ Side ☐ Rear ☐ Adjace etback Distance Ft. ☐ Front ☐ Side ☐ Rear ☐ Adjace	cent to Public Way cent to Public Way
Is the Building Lo Base Flood Eleva	S FOR CONSTRUCTION IN FLOODPLAIN: coated in the Special Floodplain Hazard area? Yes No ation Ft. Flood Protection Elevation Ft. Letter of the Form Submitted Yes No	o (If yes complete the following) Map Revision Issued ☐ Yes ☐ No
For Office Use	Only	
Septic Permit I	Required:	
Planning and Z P.U.D. Yes Date Approved	Zoning Approval: ☐ No Conditional Use ☐ Yes ☐ No Overlay District	t □ Yes □ No
I hereby ackno	owledge that this application is not a Building Perr	nit, nor does it authorize the start of
Signature of A	Applicant Date	