Building Permit Application

City of Chamberlain
City Hall, P.O. Box 66
Chamberlain, South Dakota 57325
(605) 734-5600

Building Permit No. _____
Date Received _____
Date Issued _____
Receipt No. _____
Check _____ Cash _____
Fee Paid $ _____

Property Address: _____

Legal Description:
(Subdivision) (Lot) (Block)

Owner: _____ Phone: ( ) _____
Address: _____
Builder/Contractor: _____ Phone: ( ) _____
Address: _____
Please attach list of the names, addresses and telephone numbers of all other contractors and subcontractors (electrical, plumbing, heating, surveyor, etc., on a separate sheet of paper.

Class of Work:

_____ New
_____ Alteration
_____ Addition
_____ Demolish
_____ Repair
_____ Move

Total Cost: _____
(Include Donated Labor)

Size: _____
No. of Rooms: _____
No. of Stories: _____
Zoning: _____
Signs, If Permitted:
No.
Type:
Size:

Height: _____
No. of Families: _____
Size of Lot: _____
Existing Use: _____
Proposed Use of Structure:
Primary: _____
Secondary: _____
No. Off-Street Parking Spaces: _____

Type of Construction: _____
(e.g. Wood, Brick, Etc.)

Attach to this application a scale drawing of the shape and dimensions of the lot; location of streets and alleys; all existing and proposed buildings and distances from buildings to lot lines; any proposed and existing off street parking.

NOTE: This application is not acceptable unless all required information is furnished and accurate. If a survey is required by the Zoning Administrator to determine property lines, it shall be at owner's expense. Every permit issued by the Building Official under the provisions of this code shall expire by limitation and become null and void if the building or work authorized by such permit is not **commenced within 90 days** from the date of such permit, or if the building or work authorized by such permit is **not completed within two years from issuance** of permit.

The above information is, to the best of my knowledge, true and accurate. It is understood and agreed that any error, misstatement or misrepresentation of fact, either with or without intention on my part, such as might, if known, cause a refusal of this application, or any alteration or change in plans made without the approval of the zoning administrator, subsequent the issuance of the building permit, shall constitute sufficient grounds for the renovation of such permit.

Approved _____
Disapproved _____

Signature: _____
Owner Date

_____
Builder/Contractor Date

_____
Zoning Administrator Date

Reason for Disapproval: _____

White to Applicant **Yellow to Finance** **Pink to Zoning Administrator**