



# Commercial Building Permit Application

**BUILDING INSPECTIONS**  
 925 10<sup>TH</sup> AVENUE EAST  
 WEST FARGO, ND 58078  
 PHONE: 701-281-0597  
 FAX: 701-433-0376

Incomplete applications will cause delays in the routing/review and permitting process.

Project Title*:		<b>Is this a Re-submittal?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If yes, an update submittal description is required.
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.	ND Contractor License No.	
Electrical Contractor:	Excavator:	
Phone:	Phone:	
Plumbing Contractor:	Fire Protection Contractor:	
Phone:	Phone:	

Complete back side.

**TYPE OF IMPROVEMENT:**

New Construction  Addition  Remodel  Demolition  Move  Repair  Miscellaneous  Temporary

**PERMIT FOR:**

Foundation  Shell  Interior (Check all that apply)

**TYPE OF USE:**

Restaurant/Nightclub  Recreation/Amusement  Indoor/Outdoor Arenas/Grandstands  Church  Theaters  
 Professional Offices/Service  School  Daycare  Industrial/Factory  High-Hazard Area  Hospital/Assisted Care  
 Retail/Wholesale Store  Motor Fuel Dispensing Facility  Hotel/Motel  Multi-Family Dwelling  Single Family Home  
 Group Home  Storage/Warehouse Facility  Motor Vehicle Repair  Accessory Building  Other

**DESCRIBE IN DETAIL THE INTENDED USE:**

**BUILDING/STRUCTURE SIZE:**

Width Ft. Depth Ft. Height Ft. No. of Stories Gross Floor Area SF

**BUILDING LOCATION ON SITE:**

Property Zoning Designation

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

**BUILDING FIRE SPRINKLERED:**

Yes  No  Partial

**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**

**Occupancy Classification:**

A-1  A-2  A-3  A-4  A-5  B  E  F-1  F-2  H-1  H-2  H-3  H-4  H-5  
 I-1  I-2  I-3  I-4  M  R-1  R-2  R-3  R-4  S-1  S-2  U

**Construction Type:**

I-A  I-B  II-A  II-B  III-A  III-B  IV-HT  V-A  V-B

**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.*

Signature of Applicant

Date