

CITY OF YANKTON
BUILDING PERMIT APPLICATION
 EACH BUILDING SITE MUST HAVE A SEPARATE PLOT PLAN

OWNER
JOB ADDRESS

Applicant to complete numbered spaces only.

JOB ADDRESS			
1	LEGAL DESCR.	LOT NO.	BLK TRACT (<input type="checkbox"/> SEE ATTACHED SHEET)
2	OWNER	MAIL ADDRESS	ZIP PHONE
3	CONTRACTOR	MAIL ADDRESS	PHONE
4	ARCHITECT OR DESIGNER	MAIL ADDRESS	PHONE
5	PLUMBING CONTRACTOR	MAIL ADDRESS	PHONE
6	ELECTRICAL CONTRACTOR	MAIL ADDRESS	PHONE
7	SIDEWALK CONTRACTOR		
8	USE OF BUILDING		
9	Class of work: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE		
10	Describe work:		

11 Valuation of work: \$	PLAN CHECK FEE	PERMIT FEE	
SPECIAL CONDITIONS:	Type of Const.	Occupancy Group	Division
	Size of Bldg. (Total) Sq. Ft.	No. of Stories	Max. Occ. Load
	Flood Boundary Zone	Use Zone	Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No
	APPLICATION ACCEPTED BY:	PLANS CHECKED BY:	APPROVED FOR ISSUANCE BY:
<p style="text-align: center;">NOTICE</p> <p>SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL AND PLUMBING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.</p> <p>_____ SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)</p> <p>_____ SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)</p>	No. of Dwelling Units	OFF STREET PARKING SPACES: Covered Uncovered	
	FOOTING SIZE		
	TYPE BASEMENT		
	SIDING MATERIAL		
	TYPE ROOF		
	ROOF COVERING		
	TYPE CHIMNEY		
	TYPE HEATING		
	HEATING FUEL		
	SEWER CONNECTION		
	WATER TAP ON		
	SIZE TAP		
NO. OF TAPS			
SIZE OF WATER LINE			

FOR CITY OFFICIALS USE ONLY – WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

THE ABOVE APPLICATION IS HEREBY APPROVED

BUILDING PERMIT NO. _____

CITY ENGINEER OR AUTHORIZED REPRESENTATIVE _____ DATE: _____