



CITY OF WHITEWOOD BUILDING PERMIT APPLICATION

Office of Building Inspector
1025 Meade St., Whitewood, SD 57793
Phone: 605-639-9146 Fax: 605-269-2499
Email: jim@cityofwhitewood.com



PERMIT # _____

Building Address: _____		Information required for new construction / additions:	
Owner	Name : _____ Mail Address: _____ City: _____ Phone: _____	Architect/ Engineer	Name: _____ Address: _____ City: _____ Phone: _____
If doing the work yourself, please check this box <input type="checkbox"/>		All Contractors and sub contractors must be licensed by the city before permit is approved.	
General Contractor	Name: _____ Address: _____ City: _____ Phone: _____	Subcontractors	Plumbing: _____ Heating: _____ Electrical: _____ Foundation: _____ Framing: _____
Estimated Cost \$ _____		Legal Descr.	Lot No: _____ Block: _____ Addition: _____
Description of work:		Class of Work	<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Addition <input type="checkbox"/> Demolish <input type="checkbox"/> Alteration <input type="checkbox"/> Fence <input type="checkbox"/> Sign <input type="checkbox"/> Deck
Building Size (sq ft): _____ Height: _____ Lot Size (sq ft): _____ Square Footage of all buildings on lot: _____ Paved off street parking space (sq ft): _____			
Comments: _____			

The Owner, Contractor or Authorized Agent will call for the location of all utility locations through the South Dakota One Call program prior to any excavation or digging by calling 811.

The Owner, Contractor or Authorized Agent will install appropriate erosion and sediment control measures around the construction site from the time of ground breaking until the site is stabilized with permanent landscaping and buildings. The Owner, Contractor or Authorized Agent is responsible for not permitting soil from leaving the project site onto adjacent properties, sidewalks or public roadways.

I hereby acknowledge that I have read 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.

Signature of Owner, Contractor of Authorized Agent

Date

For Office Use Only	Approved <input type="checkbox"/>	Rejected <input type="checkbox"/>	Application Rejected For:
Approved By: _____			Insufficient Lot Size _____
Date Approved: _____			Non-conforming Setback _____
Building Permit Fee: \$ _____			Insufficient Off Street Parking _____
Water Tap Fee: \$ _____			Non-conforming District _____
Water Meter Fee: \$ _____			Non-conforming Regulation _____
Sewer Tap Fee: \$ _____			Application Rejected By: _____ Date Rejected: _____
Grading Permit Fee: \$ _____			Variance Action: Approved: <input type="checkbox"/> Rejected: <input type="checkbox"/>
Other: \$ _____ <small>(Excavating Contractor must obtain excavation permit prior to digging in public right-of-way)</small>			Date: _____
Total: \$ _____			Comments: _____
Receipt No: _____	Permit No: _____		

Sidewalks to be constructed in accordance to City Ordinance; 93.0554