



# 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



<b>Building Address:</b> _____		<b>FOR OFFICE USE ONLY</b>
<b>Owner</b>	Name: _____ Mail Address: _____ City: _____ Phone: _____	Approved By: _____ Date Approved: _____ *****
<b>If doing the work yourself please check this box</b> <input type="checkbox"/>		Application Rejected For: Insufficient Lot Size _____ Non-conforming Setback _____ Insufficient Off Street Parking _____ Non-conforming District _____ Non-conforming Regulation _____ Application Rejected By: _____ Date Denied: _____ ***** Variance Action Approved: _____ Rejected: _____ Date: _____ Comments: _____ _____ Building Permit Fee: \$ _____ Water Tap Fee: \$ _____ Water Inspection Fee: \$ _____ Extraordinary Water Tap Fee: \$ _____ Water Meter Fee: \$ _____ Water Meter Tax: \$ _____ Extraordinary Sewer Tap Fee: \$ _____ Sewer Inspection Fee: \$ _____ Septic System Inspection Fee: \$ _____ <small>(Excavating Contractor must obtain excavation permit prior to digging in public right-of-way)</small> <b>TOTAL</b> \$ _____  <b>BUILDING PERMIT NO.</b> _____ <b>RECEIPT NO.</b> _____  <b>Sidewalks to be constructed in accordance to City Ordinance; 93.054</b>  <span style="color: red; font-weight: bold;">** APPLICATION TO BE FILLED OUT COMPLETELY **</span>
<b>General Contractor</b>	Name: _____ Address: _____ City: _____ Phone: _____	
<b>Estimated Cost : \$</b> _____		
Description of work: _____		
<b>Information required for new construction/additons:</b>		
<b>Architect/Engineer</b>	Name: _____ Address: _____ City: _____ Phone: _____	
<b>Subs</b>	Plumbing: _____ Heating: _____ Electrical: _____ Foundation: _____ Framing: _____	
<b>Legal Descr.</b>	<b>Lot No.:</b> _____ <b>Block:</b> _____ <b>Addition:</b> _____	
Building Size (sq.ft.): _____ Height: _____ Lot Size (sq.ft.): _____ Square Footage of all buildings on Lot: _____ Paved off-street parking space (sq.ft.): _____		
Use of Building: _____ Zoning Designation: _____		
<b>Class of Work</b>	New _____ Repair _____ Addition _____ Demolish _____ Alteration _____ Fence _____ Sign _____ Deck _____	
<b>COMMENTS:</b>		
<b>All contractors &amp; sub contractors must be licensed by the city , per Ordinance 150.22 &amp; 150.23</b>		

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 or Authorized Agent Date

# SITE PLAN

BUILDING PERMIT No: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DESCRIPTION OF ACTIVITY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SHOW LOCATIONS OF ALL STREETS AND/OR ALLEYS

SHOW NORTH

