



CITY OF WHITEWOOD BUILDING PERMIT



PERMIT # _____

1025 ME/ DE ST • 605-269-2247

INSPECTOR@CITYOFWHITEWOOD.COM • 605-639-9146

Building Address: _____		Information required for new construction / additions:		
Owner	Name: _____	Architect/ Engineer	Name: _____	
	Mailing Address: _____		Address: _____	
	City: _____		City: _____	
	Phone: _____		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: _____	Subcontractors	Plumbing: _____	
	Address: _____		Heating: _____	
	City: _____		Electrical: _____	
	Phone: _____		Foundation: _____	
Estimated Cost \$ _____		Legal Descr.	Framing: _____	
Description of work: _____			Lot No: _____	
			Block: _____	
		Addition: _____		
Class of Work	<input type="checkbox"/> New	<input type="checkbox"/> Repair	Building Size (sq ft): _____ Height: _____	
	<input type="checkbox"/> Addition	<input type="checkbox"/> Demolish	Lot Size (sq ft): _____	
	<input type="checkbox"/> Alteration	<input type="checkbox"/> Fence	Square Footage of all buildings on lot: _____	
	<input type="checkbox"/> Sign	<input type="checkbox"/> Deck	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.

Initial _____

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.

Initial _____

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 _____

Revised 6/10/2025

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: \$ _____				Date: _____	
(Excavating Contractor must obtain excavation permit prior to digging in public right-of-way)				Comments: _____	
Total: \$ _____				_____	
Receipt No: _____		Permit No: _____		_____	

Sidewalks to be constructed in accordance to City Ordinance; 93.0554