

CITY OF PARKSTON
APPLICATION FOR BUILDING PERMIT

Permit No. _____

COMMERCIAL ZONING

Applicant _____ Mailing Address _____

Contractor _____ Address _____

Street Address of Construction Site: _____

Legal Description: Lot(s) _____ Block _____ Addition _____

Application is for () New Construction () Alteration () Moving & Demolition () Change is Use () Other (Explain) _____

Is your property located in the floodplain? () Yes () No

Does lot adjoin another zoning district () Yes () No. If yes, what district? _____

What are you building? _____ Dimensions: Width _____ Length _____ Height _____

Lot type: () Corner () Interior. Is lot front on public street () Yes () No. Lot Depth _____ Lot Width _____

Total square feet of lot (depth x width) _____. Estimated cost of your planned construction _____

On the attached sheet, indicate by scale drawing the shape and dimension of the lot, location of streets and alleys, shape and dimensions of all existing and proposed buildings and distances from buildings to lot lines.

The applicant for this permit hereby agrees that he/she will do the proposed work in accordance with the specifications set forth in this application for permit and with other plans and specifications furnished and will at all times abide by the rulings and directions of the Zoning Administrator, and will in all things comply with the terms of all ordinances and building codes relating to building construction of the City of Parkston, and all other state and federal laws and ordinances in effect in the said City of Parkston and relating to this subject. The applicant further swears that he/she has read and fully understands the Minimum Lot Requirements, Minimum Yard Requirements, Maximum Lot Coverage, Maximum Height and Minimum Footing and Foundation Requirements that are printed on the back of this application.

This permit becomes null and void if work or construction authorized is not commenced within **one year**,

This application **is not** a building permit until the Planning and Zoning Commission has acted on the application at the regular monthly meeting or at a special meeting.

Date

Applicant or applicants authorized representative signature

Planning & Zoning Commission Use Only

Application approved: _____ Application disapproved: _____. If disapproved state reason(s) _____

Date

Signature of Zoning Administrator

Fee paid in the amount of: _____

