



209 North Main Street
PO Box 587
Groton, South Dakota 57445-0587
Phone: (605) 397-8422

Building Permit #: _____

Application For Building Permit

Applicant Name: _____

Address: _____ Phone: _____

Builder: _____ Address: _____

Improvements Located: _____ Completion Date: _____

Legal Description: _____

New Construction: ____ Remodeling: ____ Move: ____ Building Removal: ____ Attached Garage: ____ Other: ____

Zoning District of Lot Location: _____ Special Exception: _____ Variance Needed: _____

Type of Material: _____ Size: _____ x _____ Project Cost: \$ _____

Type of Foundation: _____ Prebuilt Foundation Enclosure: _____

Description of Alteration: _____

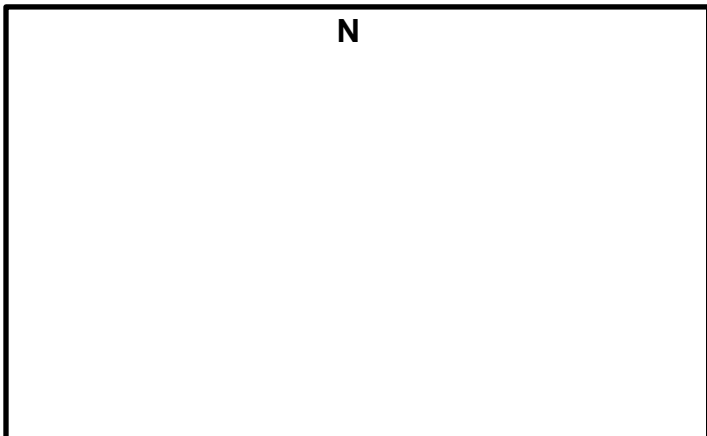
Flood Zone: _____ Number of Feet From Lot Lines: _____ N _____ S _____ E _____ W Age: _____

Flood Plain Development Permit Required? Y N Any Changes To Utilities? Y N

Building must be started within 60 days or permit will be void.
Building must be completed within 6 months or a renewal will be required. As set of plans **must** accompany this application.

Date: _____ Signed: _____

Indicated location of building(s) on the lot diagram below



Application Approved: _____

Application Disapproved: _____

Reason for Disapproval: _____

Fee: \$ _____ Date Paid: _____

Zoning Administrator: _____

Building Inspector: _____

Public Works Supervisor: _____