



Commercial Building Permit Application

Midwest Inspection Services
310 1st Ave SE
Mapleton, ND 58059
Phone: 701-532-1078
Fax: 701-532-1608

Please email completed applications to: midwestinspectionsservicesnd@gmail.com
Incomplete applications will cause delays in the routing/review and permitting process.

Project Title*:		<p>Is this a Re-submittal?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, an update submittal description is required.</p>
Address:		
Project Value:		
Project Description:		
Owner:	Contact Person:	
Address:	Phone:	Fax:
	E-mail:	
Designer:	Contact Person:	
Address:	Phone:	Fax:
	E-mail:	
General Contractor:	Contact Person:	
Address:	Phone:	Fax:
	E-mail:	
ND Contractor License No.		
Foundation Contractor:	Mechanical Contractor:	
Phone:	Phone:	
E-Mail:	E-Mail:	
ND Contractor License No.	ND Contractor License No.	
Electrical Contractor:	Excavator:	
Phone:	Phone:	
Plumbing Contractor:	Fire Protection Contractor:	
Phone:	Phone:	

TYPE OF IMPROVEMENT:

New Construction Addition Remodel Demolition Move Repair Miscellaneous Temporary

PERMIT FOR:

Foundation Shell Interior (Check all that apply)

TYPE OF USE:

Restaurant/Nightclub Recreation/Amusement Indoor/Outdoor Arenas/Grandstands Church Theaters
 Professional Offices/Service School Daycare Industrial/Factory High-Hazard Area Hospital/Assisted Care
 Retail/Wholesale Store Motor Fuel Dispensing Facility Hotel/Motel Multi-Family Dwelling Single Family Home
 Group Home Storage/Warehouse Facility Motor Vehicle Repair Accessory Building Other

DESCRIBE IN DETAIL THE INTENDED USE:

BUILDING/STRUCTURE SIZE:

Width Ft. Depth Ft. Height Ft. No. of Stories Gross Floor Area SF

BUILDING LOCATION ON SITE:

Property Zoning Designation
North Property Setback Distance Ft. Front Side Rear Adjacent to Public Way
East Property Setback Distance Ft. Front Side Rear Adjacent to Public Way
South Property Setback Distance Ft. Front Side Rear Adjacent to Public Way
West Property Setback Distance Ft. Front Side Rear Adjacent to Public Way

BUILDING FIRE SPRINKLERED:

Yes No Partial

REQUIREMENTS FOR CONSTRUCTION IN FLOODPLAIN:

Is the Building Located in the Special Floodplain Hazard area? Yes No (If yes complete the following)
Base Flood Elevation Ft. Flood Protection Elevation Ft. Letter of Map Revision Issued Yes No
Acknowledgement Form Submitted Yes No

For Office Use Only

Occupancy Classification:

A-1 A-2 A-3 A-4 A-5 B E F-1 F-2 H-1 H-2 H-3 H-4 H-5
 I-1 I-2 I-3 I-4 M R-1 R-2 R-3 R-4 S-1 S-2 U

Construction Type:

I-A I-B II-A II-B III-A III-B IV-HT V-A V-B

Septic Permit Required:

Yes No

Planning and Zoning Approval:

P.U.D. Yes No Conditional Use Yes No Overlay District Yes No
Date Approved

I hereby acknowledge that this application is not a Building Permit, nor does it authorize the start of construction.

Signature of Applicant _____ Date _____