



# Commercial Building Permit Application

**BUILDING INSPECTIONS**  
 800 4<sup>TH</sup> AVENUE EAST  
 WEST FARGO, ND 58078  
 PHONE: 701-433-5480

Incomplete applications will cause delays in the routing/review and permitting process.

Project Title*:		<b>For Office Use Only</b>		
Address:				Date Received:
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:	
ND Contractor License No.		E-mail:		
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

**BUILDING WATER METER SIZE:**

1 IN.  1 ½ IN.  2 IN.  3 IN.  4 IN.

**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