

MARSHALL COUNTY BUILDING PERMIT APPLICATION

APPLICANT	Site Plan(Required) [] Attached
Name:	
Address(Mailing):	
City: State: Zip:	
Phone:	
PROPERTY INFORMATION	
Legal Owner:	
Legal Description:	
Section: Township: Range:	
Parcel ID:	
Zoning Class:	
TYPE OF IMPROVEMENT	
[] New Building [] Remodel/Repair	
[] Addition [] Mobile Home	
[] Move [] Other _____	
Use of Proposed Structure:	
Type of Construction:	SETBACK/ZONING REQUIREMENTS
Size: Sidewall Height:	Furthest protrusion at least 7 feet from property or lot line? [] YES [] NO [] NA
Estimated Total Cost: \$ _____ (include concrete, finish, etc.)	Location not closer than 50 feet from established high water mark? [] YES [] NO [] NA
SIGNATURES	Setback distance from ROW(s) meets requirement for applicable Zoning Class? [] YES [] NO [] NA
The owner of this building & the undersigned agree to conform to all applicable laws of Marshall County, SD.	Complies with all other Marshall Co. Planning & Zoning Ordinances? [] YES [] NO [] NA
Owner's Signature _____ Date _____	CONTRACTOR
Applicant's Signature _____ Date _____	Name: _____
	Address: _____
	Phone: _____

Applicant is Hereby: [] Approved [] Disapproved

Reason for Disapproval: _____

Zoning Administrator Signature Date

Permit Fee \$ _____ PAID []

City Zoning Administrator Signature(when applicable)