

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:		
Size:	Sidewall Height:	
Estimated Total Cost: \$_____(include concrete, finish, etc.)		
SIGNATURES		
The owner of this building & the undersigned agree to conform to all applicable laws of Marshall County, SD.		
Owner's Signature	Date	
Applicant's Signature	Date	

SETBACK/ZONING REQUIREMENTS
1. Furthest protrusion at least 7 feet from property or lot line? ☐ YES ☐ NO ☐ NA
2. Location is 50 feet from established high water mark? ☐ YES ☐ NO ☐ NA
3. Setback distance from ROW(s) meets requirement for applicable Zoning Class? ☐ YES ☐ NO ☐ NA
4. Complies with all other Marshall Co. Planning & Zoning Ordinances? ☐ YES ☐ NO ☐ NA
CONTRACTOR
Name:
Address:
Phone:

Reason for Disapproval: _____

Permit Fee \$ PAID []

Late Fee \$ PAID []

Building permit effective until: _____

****must reapply if project is not done by effective date****