

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: _____	1. Furthest protrusion at least 7 feet from property or lot line? []YES []NO []NA
Estimated Total Cost: \$ _____ (include concrete, finish, etc.)	2. Location is 50 feet from established high water mark? []YES []NO []NA
SIGNATURES	3. 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.	4. Complies with all other Marshall Co. Planning & Zoning Ordinances? []YES []NO []NA
_____	CONTRACTOR
Owner's Signature Date	Name: _____
_____	Address: _____
Applicant's Signature Date	Phone: _____

Applicant is Hereby: Approved Disapproved

Zoning Administrator Signature Date

City Zoning Administrator Signature(when applicable)

Reason for Disapproval: _____

Permit Fee \$ _____ PAID

Late Fee \$ _____ PAID

Building permit effective until: _____

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