INSPECTIONS DEPARTMENT
225 4TH STREET NORTH
PHONE: 701-241-1561
https://permits.fargond.gov

Commercial Plan Routing and Permit Application

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

What type of submittal is this: ☐ New Project ☐ Resubmittal ☐ Inspections Plan Review Response

Business Name: _____ Project Address: _____

Project Value: _____ Parking Lot Value: _____
(full amount, **excluding** parking lot, less land value) (if any portion of the property will be paved)

Work description and/or reason for submittal or resubmittal (please be specific):

If this is a resubmittal or plan review response, you may skip to the signature line at the bottom.

☐ New Building ☐ Addition ☐ Remodel ☐ Change of Occupancy
If project is a remodel or change of occupancy you may skip to the contact information below.

Intended Use: _____

Sprinklered? ☐ Yes ☐ No ☐ Partial Heated Building? ☐ Yes ☐ No ☐ Partial

Gross Floor Area: _____ Stories: _____ Height: _____

Type of Construction: _____ Occupancy Classification: _____

Designer Name and Address:

Designer Contact Person, Phone, and E-Mail:

Business Owner Name and Address:

Owner Contact Person, Phone, and E-Mail:

General Contractor Name and Address:

Contractor Contact Person, Phone, and E-Mail:

Mechanical Contractor: Plumbing Contractor:

Electrical Contractor: Other Contractor:

It is incumbent upon the applicant to provide complete plans to aid us in providing you the best service possible. Submittals and resubmittals shall be processed in the order in which they are received.

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

Print Name of Person Submitting **Phone Number** **Date**