

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 ☐ Res	submittal	Review Response
Business Name:		Project Address:	
Project Value:		Parking Lot Value:	
	parking lot, less land value)	, , , ,	tion of the property will be paved)
Work description and/or reason	n for submittal or res	ubmittal (please be specific):	
If this is a resubmittal or plan revi	ew response, you may	skip to the signature line at the	e bottom.
☐ New Building	g 🗌 Addition 🔲 F	Remodel	pancy
		you may skip to the contact information be	elow.
Intended Use:		Hantad Duildin vo 🗆 Van	
Sprinklered? Yes No	<u> </u>	Heated Building?  Yes	
Gross Floor Area:		Height:	
ype of Construction: Occupancy Classification:			
Designer Name and Address:			
Designer Contact Person, Phone	, and E-Mail:		
Business Owner Name and Addre	ess:		
Owner Contact Person, Phone, a	nd E-Mail:		
General Contractor Name and Ad	ddress:		
Contractor Contact Person, Phon	e, and E-Mail:		
Mechanical Contractor:		Plumbing Contractor:	
Electrical Contractor:		Other Contractor:	
It is incumbent upon the applicant			he best service possible.
Submittals and resubmittals shall	•	_	
I hereby acknowledge that this applic	cation is not a building pe	ermit, nor does it authorize the stai	t of construction.
Print Name of Person Submitti	ng Phone Nur	mber Date	