

## SULLY COUNTY BUILDING PERMIT APPLICATION

## Please return application and applicable fee to: Sully County Planning and Zoning Administrator PO Box 265 Onida SD 57564-0265

Date						Application No.				
Applicant			Phone							
Company										
Address				City			State		Zip	
Legal Description										
Address of Parcel			City				State		Zip	
Parcel Number Zoning			Email Address							
Property Owner		I			Phone					
Mailing Address				City			State		Zip	
Contractors (Please attach additional pages if more space is needed)										
TYPE	NAME		ADDRESS		5	CITY		PHONE	EXCISE TAX NO.	
PROJECT INFORMATION AND DESCRIPTION										
Type of Construction		Anticipated Completion Date								
Construction Cost Multiple Lots being com						ombined for building purposes? If so, which Lot or Parcel Numbers:				
Miscellaneous Information										

If you are requesting a building permit for an area that must be platted, the plat must be approved and filed before a building permit will be approved.

You MUST attach a drawing "to-scale" to this permit.

This permit shall automatically expire if work has not been started within twelve (12) months of the approval date. Work must be completed within a reasonable length of time. This permit applies to the property and is valid only for the current owner(s).

I hereby acknowledge that I have read this application and state that it is correct and agree to comply with all County Ordinances and state laws regulating building construction.

Applicant:(Original Signatur	re is required)	Date:						
Approved:	Denied:	Date:						
Planning and Zoning Administrator:								
Permit Fee: <u>\$</u>		Date Paid:						