

**APPLICATION FOR RESIDENTIAL/COMMERCIAL CONSTRUCTION**

Website: [www.jamestownnd.org](http://www.jamestownnd.org)

Email: [cityinspector@daktel.com](mailto:cityinspector@daktel.com)

Phone # 701-252-5900

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<b>DATE:</b> _____	<b>JOB ADDRESS:</b> _____
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> DEMOLITION PERMIT: Primary Building – Garage – Storage Building - Other <input type="checkbox"/> NEW CONSTRUCTION** <input type="checkbox"/> REPAIR <input type="checkbox"/> REMODEL <input type="checkbox"/> FENCE PERMIT <input type="checkbox"/> GARAGE** <input type="checkbox"/> MISC BLDG <input type="checkbox"/> ADDITION <input type="checkbox"/> HOUSE MOVING PERMIT <input type="checkbox"/> STORAGE BUILDING**	

**\*\*SITE PLAN REQUIRED WITH APPLICATION\*\***

DESCRIPTION OF WORK: _____ _____ _____ _____ _____	
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**\*\*FOR STRUCTURAL CHANGES TO THE BUILDING, PLANS MUST BE INCLUDED-A Rough Sketch Is Admissible For Changes Not Affecting Load-Bearing Walls\*\***

<b>PROPERTY OWNER:</b> _____	<b>PHONE #:</b> _____
<b>MAILING ADDRESS:</b> _____	

<b>GENERAL CONTRACTOR:</b> _____		<b>PHONE #:</b> _____	
<b>MAILING ADDRESS:</b> _____			
<b>ND LICENSE #</b> _____		<b>CITY LICENSE #</b> _____	
<b>Expiration Date:</b> _____		<b>Expiration Date:</b> _____	

<b>PLUMBING CONTRACTOR:</b> _____
ADDRESS: _____ PHONE#: _____
CITY/STATE/ZIP: _____

<b>HEATING/AIR CONTRACTOR:</b> _____
ADDRESS: _____ PHONE#: _____
CITY/STATE/ZIP: _____

<b>ELECTRICAL CONTRACTOR:</b> _____
ADDRESS: _____ PHONE#: _____
CITY/STATE/ZIP: _____

<b>OTHER CONTRACTOR:</b> _____
ADDRESS: _____ PHONE#: _____
CITY/STATE/ZIP: _____

<b>FOUNDATION TYPE:</b> <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Crawl Space <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Wood <input type="checkbox"/> Other _____	<b>ROOFING TYPE:</b> <input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Metal <input type="checkbox"/> Other _____	<b>PROPERTY USE:</b> <input type="checkbox"/> Single Family <input type="checkbox"/> Two-Family <input type="checkbox"/> Townhouse/Rowhome <input type="checkbox"/> Accessory Building/Shed <input type="checkbox"/> Commercial Describe _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: center;">New 1 &amp; 2 Family Dwellings, Townhomes Only</th> </tr> <tr> <th style="width:60%;">Square Footage</th> <th style="width:20%;"></th> <th style="width:20%;">Valuation</th> </tr> <tr> <td>Main Floor</td> <td align="center">X \$96.75</td> <td></td> </tr> <tr> <td>2<sup>nd</sup> Floor</td> <td align="center">X \$69.50</td> <td></td> </tr> <tr> <td>Lower Level of Split</td> <td align="center">X \$66.50</td> <td></td> </tr> <tr> <td>Finished Basement</td> <td align="center">X \$30.75</td> <td></td> </tr> <tr> <td>Unfinished Basement</td> <td align="center">X \$18.25</td> <td></td> </tr> <tr> <td>Detached Garage</td> <td align="center">X \$29.25</td> <td></td> </tr> <tr> <td>Attached Garage</td> <td align="center">X \$30.75</td> <td></td> </tr> <tr> <td>Deck</td> <td align="center">X \$19.25</td> <td></td> </tr> <tr> <td>Crawl Space (yes no)</td> <td></td> <td></td> </tr> <tr> <td><b>TOTAL VALUATION</b></td> <td></td> <td align="center">\$ _____</td> </tr> </table>	New 1 & 2 Family Dwellings, Townhomes Only			Square Footage		Valuation	Main Floor	X \$96.75		2 <sup>nd</sup> Floor	X \$69.50		Lower Level of Split	X \$66.50		Finished Basement	X \$30.75		Unfinished Basement	X \$18.25		Detached Garage	X \$29.25		Attached Garage	X \$30.75		Deck	X \$19.25		Crawl Space (yes no)			<b>TOTAL VALUATION</b>		\$ _____
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<b>COMMERCIAL PROJECTS: Valuation of work being done: \$ _____</b> <b>(Does not include Plumbing, Electrical, Mechanical, HVAC, Sewer or Water)</b>																																							
<b>STORMWATER:</b> _____ N/A      _____ Waiver      _____ NDDOH SWPPP _____ City of Jamestown SWPPP																																							

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



