



Beltrami County Environmental Services Department

701 Minnesota Ave NW, Suite 113, Bemidji MN 56601-3177

Phone: 218-333-4158

<http://www.co.beltrami.mn.us>

esd@co.beltrami.mn.us

Application Package for Building Permit

REQUIRED INFORMATION:

1. E-911 address and mailing address, if different.
2. Scale Sketch of proposed building, indicating North direction, property lines and distances from all property lines, shoreline and road right of way.
3. **You are required to stake out exact location of proposed building.**
4. Current copy of ISTS (Individual Sewage Treatment System) Compliance inspection. Your permit is valid contingent on the issuance of a compliant ISTS inspection. Stipulation Agreements signed are legally binding documents. Failure to comply may result in legal action.

** Copy of deed may be required to verify ownership

The County will maintain and enhance the environmental quality of the area.

We appreciate you becoming a partner with us in preserving and enhancing our environment.



Beltrami County Environmental Services Application for Building Permit

Tax Parcel # _____ E911 Property Address: _____

Township Name _____

Lake Name/Number/Classification _____

Current Septic Compliance: Yes () No () Date of Inspection: _____

Owner: _____ Phone: _____
Last, First Initial

Mailing Address: _____ Cell: _____

Email: _____

Building Contractor & License #: _____ Phone: _____

Type of Work: New Building () Alteration () Additional Bedroom () Other () _____

Existing Buildings: Yes () No () Undeveloped Lot: Yes () No ()

Proposed Use: Home () Garage () Storage () Seasonal () Other () _____

Construction Size: ____ X ____ Square Feet: _____ Bathrooms: ____ Bedrooms: ____

Estimated Cost of Construction: _____

Agreement: I, the undersigned, hereby make application for work described and located as shown herein. I hereby certify that the information contained herein is correct and agree to do the work in accordance with the provisions of the Ordinances of Beltrami County, MN. I further agree that any plans and specifications submitted herewith shall become part of this application and agree to an onsite inspection visit by Beltrami County without further notice.

Date Signature of Owner

Date Printed Name of Applicant Signature of Applicant

NOTE: Any change in the approved permit, design, or other plans must be reviewed and authorized by ESD prior to installation.

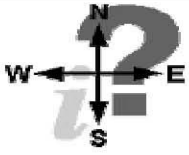
Permit: Permission is hereby granted to the above named applicant to perform the work described in the above statement. This permit is granted upon the express condition that the person to whom it is granted, his/her agent, employees and workers shall conform in all respects to the Ordinances of Beltrami County, MN This permit may be revoked at any time upon violation of said Ordinances.

Date Environmental Services

Permit Fee: \$ _____ Check Number: _____ (Please make check payable to Beltrami County Treasurer)

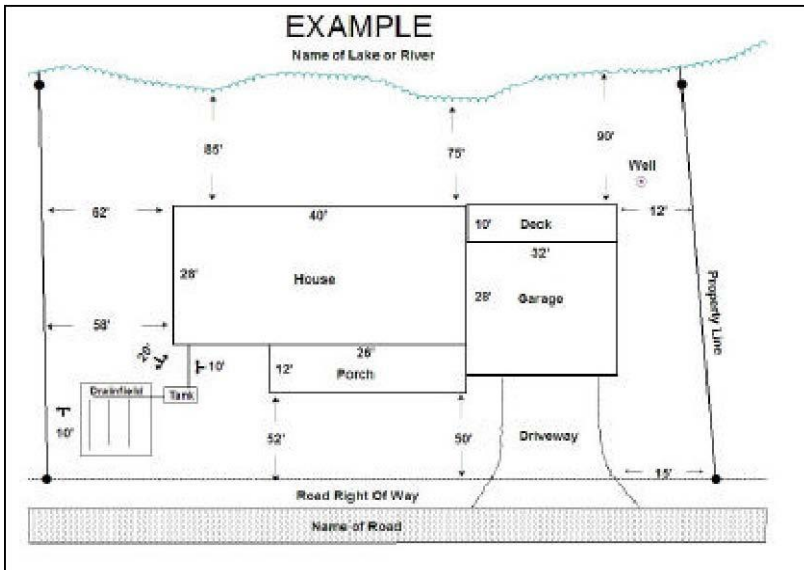
SITE PLAN

PARCEL NUMBER : _____



Any work or dirt moving in the Shore Impact Zone Area requires a Shoreland Alteration Permit

*Shore Impact Zone: General Development Lake (GD) 75' from Ordinary High Water Mark
Recreational Development Lake (RD) 100' from Ordinary High Water Mark
Natural Environmental Lake (NE) 150' from Ordinary High Water Mark*



You **must** include all buildings, existing and proposed, on your property and label them. You **must** include all dimensions (including height) of the buildings as well as all setbacks to property lines, lakes or rivers, roads, and any other pertinent setbacks.

I hereby swear that the information provided in this sketch is true, accurate, and complete.

Applicant Signature _____ Date _____