YANKTON COUNTY
BUILDING PERMIT APPLICATION

Each building site must have a separate site plan

Applicant to complete numbered spaces only.

1. Job Address	

2. Legal Description of Construction Site

3. Owner **Mail Address** **Zip** **Phone**

4. Contractor **Mail Address** **Zip** **Phone**

5. Architect or Designer **Mail Address** **Zip** **Phone**

6. Type and Use of Building

7. Class of Work (Check One) ☐ **New** ☐ **Addition** ☐ **Alteration** ☐ **Repair** ☐ **Move** ☐ **Remove**

8. Describe Work:

_____

_____

_____

9. Valuation of Work: **$** | **Mobile/Manufactured Home Tax Affidavit** **Y** **N**

Owner

Job Address

For Official Use Only-

SPECIAL CONDITIONS:_____

_____

_____

Application Accepted By:	**Site Plans Checked By:**	**Approved for Issuance By:**

NOTICE

THIS PERMIT WILL EXPIRE IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN ONE HUNDRED EIGHTY (180) DAYS OR CONSTRUCTION IS NOT SUBSTANTIALLY COMPLETED WITHIN TWO (2) YEARS OF ISSUANCE.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF THE YANKTON COUNTY ZONING ORDINANCE OR ANY OTHER FEDERAL, STATE, OR LOCAL LAW REGULATING CONSTRUCTION ACTIVITIES OR THE USE OF ANY PROPERTY.

Signature of Contractor or Authorized Agent Date

Signature of Owner (if owner builder) Date

BY THIS SIGNATURE, THE ZONING ADMINISTRATOR IS AUTHORIZED TO ENTER UPON THE PROPERTY DESCRIBED FOR THE PURPOSE OF INSPECTION

PERMIT FEE **Check #**

Type of Construction	**Sewer/Water Certification of Service**
Total Square Feet	**Number of Stories**
Zoning District	**Number of Accessory Buildings**
Number of Dwelling Units	**Property/Parcel/Lot Size**

For County Officials Use Only

When properly validated (in this space), this is your permit.

The above application is hereby approved.

Building Permit Number: _____

Post Construction? Y N

Zoning Administrator or Authorized Representative Date