

Application Date: _____ Received Date: _____	Received By: _____ Issued Date: _____
CITY OF BOX ELDER PLANNING DEPARTMENT 420 Villa Drive, Box Elder, SD 57719 Phone: 605-923-1404 Fax: 605-923-4264 WWW.boxelder.us	MULTI-FAMILY & NON-RESIDENTIAL BUILDING PERMIT WORKSHEET

- ❖ Those engaged in construction activities are required to have a Box Elder contractor's license.
- ❖ Permit once issued shall be displayed at the construction site until the final inspection has occurred.
- ❖ All structures requiring a building permit must be inspected by the City's Building Inspector, and receive a Certificate of Occupancy prior occupation.
- ❖ Additional permits may be required for construction.
- ❖ Additional permits and approvals will be required for property within the Flood Hazard zone and Floodway.

PROPERTY INFORMATION	CONTRACTOR INFORMATION
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Owner: _____ Owners Address: _____ _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____ Property Address: _____ _____ Legal Description: _____ _____ _____ Zoning: _____ Type of Construction: _____ Occupancy Group: _____ Building Use: _____ Comments: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr style="background-color: #cccccc;"> <th style="padding: 5px;">Design Professional:</th> </tr> <tr> <td style="padding: 5px;"> Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____ </td> </tr> <tr style="background-color: #cccccc;"> <th style="padding: 5px;">Contractor:</th> </tr> <tr> <td style="padding: 5px;"> Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____ </td> </tr> <tr style="background-color: #cccccc;"> <th style="padding: 5px;">Electrician:</th> </tr> <tr> <td style="padding: 5px;"> Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____ </td> </tr> </table>	Design Professional:	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____	Contractor:	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____	Electrician:	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____
Design Professional:							
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____							
Contractor:							
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____							
Electrician:							
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____							

Applicant Information	Plumber:
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Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____ RELATIONSHIP TO PROPERTY: _____ OWNER _____ CONTRACTOR _____ OWNERS REP.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr style="background-color: #cccccc;"> <th style="padding: 5px;">Mechanical:</th> </tr> <tr> <td style="padding: 5px;"> Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____ </td> </tr> </table>	Mechanical:	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____
Mechanical:			
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____			
Comments: _____ _____ _____			

Application Valuation	Surveyor:
Estimated Construction Cost: \$ _____ Permit Cost: \$ _____ Plan Review Fee: \$ _____ Total Permit Cost: \$ _____	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____ _____
I hereby certify that the above information is accurate and correct. I understand that the Building Permit may be issued after review by the Planning Department.	
Applicant Signature	Date: