



Building Permit Application

UPDATED— 4.24.24

Pursuant to Bowdle City Ordinance 4-3
 This Municipality is an equal opportunity provider, and employer.

PO Box 553
Bowdle, SD 57428
Phone: 605-285-6350

PERMIT #

Responsible Parties *(Permit issuance and correspondence will be with applicant.)*

Applicant Name -		Is applicant the general contractor? -	
Mailing Address -			
Phone -		Cell -	
Property Owner Name <i>(IF DIFFERENT THAN APPLICANT)</i> -			
Mailing Address -		Phone -	Cell -

Property Information

Property Address or Location -		Edmunds County Record # -	
Lot/Legal Description -			
Current Zoning -			

Type of Activity *A survey may be needed, per City Council request*

For New Construction and Remodels:		Start Date: -	Completion Date: -
Number of Stories -		Intended Use -	
# of Bedrooms prior to project -		# of Bathrooms prior to project -	
# of Bedrooms Added -		# of Bathrooms Added -	
Setback Distances to Lot Lines (in Feet)			
<i>Existing Structure</i>	Front: -	Side: -	Rear: -
<i>Proposed structures</i>	Front: -	Side: -	Rear: -
Water Service Needed: -	Pipe Size: -	Sewer Service Needed: -	Pipe Size: -

Estimated Cost of Contracted Work

GENERAL/SOLE CONTRACTOR	-	\$ -
GRADING/FOUNDATION	-	\$ -
ELECTRICAL CONTRACTOR	-	\$ -
PLUMBING/HEATING	-	\$ -
Other Sub Contractors	-	\$ -
TOTAL		\$ -

Description of Work - MUST BE DETAILED AND SPECIFIC. FAILURE TO PROVIDE ENOUGH DETAIL MAY DELAY APPROVAL OR PERMIT MAY BE DENIED.

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THE CITY OF BOWDLE ADOPTED THE "NATIONAL BUILDING CODE" (NBC— PER ORDINANCE CHAPTER 4) FOR USE IN ISSUING BUILDING PERMITS, LIFE-SAFETY CODE, BUILDING CODE, INSPECTIONS AND CODE ENFORCEMENT. ELECTRICAL AND PLUMBING CODES ARE REGULATED BY THE STATE OF SOUTH DAKOTA AND ARE INSPECTED BY STATE INSPECTORS. (The Applicant is responsible for obtaining those permits and obtaining related inspections.) EVERY PERMIT ISSUED BY THE CITY COUNCIL UNDER THE PROVISIONS OF THIS CODE SHALL EXPIRE BY LIMITATION AND BECOME NULL AND VOID IF THE BUILDING OR WORK AUTHORIZED BY SUCH PERMIT IS NOT COMPLETED WITHIN THE TIME FRAME SPECIFIED ON THE DATE OF APPROVAL. SAID TIME FRAME SHALL NOT EXCEED ONE (1) YEAR (4-3-4).

I hereby certify that I have examined this application and its attachments, 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 within or not. I further certify that I am the owner or the owner's authorized agent and that the proposed work is authorized by the owner. I understand that work shall not begin until the permit is issued by the Ipswich City Council, and that I am responsible for calling for all required inspections and that work shall be accessible for inspection. I understand that the granting of this permit does not presume to give authority to violate or cancel the provisions of any Federal, State, or local laws regulating construction or performance of construction.

Signature of Applicant

Date

Signature of Owner

Date

(Shaded Area for Office Use Only)

Checklist for Complete Application Submittal	Yes	No	NA	<i>Plans and details may be provided on worksheets provided by City, or in documents produced by applicant. Application may be rejected or delayed if required documents are not included and/or are incomplete.</i>
Completed Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Site Survey &/or Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foundation & Framing Detail (worksheet, drawing, written description)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drainage Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floor Plan and Elevation drawings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excavation Permit Application and Fee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Variance from Zoning Ordinance (Application, Petition & Setback footage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Fee Record

Application Fee	- _____	Date Paid	- _____	Cash/MO/Check#	- _____	Receipt #	- _____
Sewer Tap Fee	- _____	Date Paid	- _____	Cash/MO/Check#	- _____	Receipt #	- _____
Water Tap Fee	- _____	Date Paid	- _____	Cash/MO/Check#	- _____	Receipt #	- _____
Excavation Permit Fee	- _____	Date Paid	- _____	Cash/MO/Check#	- _____	Receipt #	- _____
Permit Approved <input type="checkbox"/>	Approved Date:	_____ - _____	Expiration Date:	_____ - _____	Taken By:	_____ - _____	
Permit Denied <input type="checkbox"/>	Reason:	_____					

Notes:

PERMIT #



Please show the following in your site plan sketch:

1. Property boundaries with boundary measurements (in linear feet) of all sides of the property
2. Final setbacks of all existing and proposed structures.
3. Access from public right-of-way to property (i.e. driveways)
4. Easements and restrictions
5. Post construction drainage patterns