

MCCOOK COUNTY BUILDING PERMIT APPLICATION
MCCOOK COUNTY PLANNING AND ZONING * PO BOX 38 * SALEM SD 57058

DATE: _____ PERMIT # _____

PROPERTY OWNER INFORMATION	PHONE # _____
NAME _____	EMAIL _____
ADDRESS _____	

APPLICANT INFORMATION - if applicant is property owner - leave blank	
NAME _____	PHONE# _____
BUSINESS NAME _____	EMAIL _____
ADDRESS _____	

CONSTRUCTION SITE INFORMATION	PARCEL# _____	
SITE ADDRESS _____		
LEGAL DESCRIPTION _____		
SECTION _____	TOWNSHIP _____	RANGE _____

CURRENT ZONING _____

TYPE OF IMPROVEMENT	
_____ NEW STRUCTURE (NON AGRICULTURAL)	_____ AG / COMMERCIAL STRUCTURE
_____ REMODEL	_____ MOBILE HOME
_____ ADDITION OR EXTERIOR CHANGE	_____ MOVE/ RELOCATE/DEMOLISH

PROJECT COST \$ _____ COMPLETION DATE _____

PROPOSED USE _____

SIZE _____ X _____ WALL HEIGHT _____ TYPE OF CONSTRUCTION _____

GRAIN STORAGE # OF BUSHELS _____

CAFO _____ YES _____ NO **IF YES FILL OUT ADDITIONAL CAFO INFORMATION FORM**

WILL THE BUILDING BE A MINIMUM OF 50 FEET FROM THE RIGHT OF WAY? YES _____ NO _____

LOT AREA _____ LOT FRONTAGE _____

*******ATTACH HOUSE /STRUCTURE BUILDING PLANS AND SITE PLAN*******
MEASUREMENTS ON SITE PLAN SHOWN FROM LOT LINES

SIGNATURES

I AGREE TO COMPLY WITH ALL PROVISIONS OF THE MCCOOK COUNTY ZONING REGULATIONS, COUNTY ORDINANCES AND ALSO WITH BUILDING PLANS AND BUILDING PLANS AND SITE PLAN SUBMITTED **PLEASE NOTE *THE DECISIONS OF THE MCCOOK COUNTY ZONING ADMINISTRATOR HAVE NO BEARING UPON THE ENFORCEABILITY OF COVENANTS, EASEMENTS, OR OTHER RESTRICTIONS OF RECORD**

OWNER SIGNATURE _____ Date _____

APPLICANT SIGNATURE _____ Date _____

OFFICIAL USE ONLY	POST CONSTRUCTION Y N	FINE ASSESSED \$ _____	
CURRENT USE _____	CONFORMING _____	NON-CONFORMING _____	PERMIT FEE \$ _____
ACTION _____	APPROVED _____	DENIED _____	

Signature of Planning and Zoning Administrator or Authorized Representative _____ Date _____

THIS PERMIT SHALL EXPIRE BY LIMITATION AND BECOME NULL AND VOID IF THE BUILDING OR WORK OR USE AUTHORIZED BY SUCH PERMIT IS NOT COMMENCED WITHIN 180 DAYS OF PERMIT, OR IF THE BUILDING, WORK OR USE AUTHORIZED BY PERMIT IS SUSPENDED OR ABANDONED AT ANY TIME AFTER WORK IS COMMENCED FOR A PERIOD OF 180 DAYS

CONTRACTOR _____

STREET ADDRESS OR PO BOX _____

CITY/ STATE/ ZIP _____

PHONE _____