

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

DATE: \_\_\_\_\_

PERMIT # \_\_\_\_\_

<b>PROPERTY OWNER INFORMATION</b>	PHONE # _____
NAME _____	EMAIL _____
ADDRESS _____	

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

<b>CONSTRUCTION SITE INFORMATION</b>	PARCEL# _____
SITE ADDRESS _____	
LEGAL DESCRIPTION _____	
SECTION _____	TOWNSHIP _____
	RANGE _____

**CURRENT ZONING** \_\_\_\_\_

**TYPE OF IMPROVEMENT**

_____ NEW STRUCTURE ( NON AGRICULTURAL)	_____ AG / COMMERCIAL STRUCTURE
_____ REMODEL / REPLACE	_____ 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

**CONTRACTOR** \_\_\_\_\_ **Phone** \_\_\_\_\_

**STREET ADDRESS OR PO BOX** \_\_\_\_\_

**CITY/ STATE/ ZIP** \_\_\_\_\_

**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**

<b>CURRENT USE</b>	CONFORMING	POST CONSTRUCTION Y N	FINE ASSESSED \$ _____
<b>ACTION</b>	APPROVED	NON-CONFORMING	PERMIT FEE \$ _____
		_____ DENIED	ck # _____

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**