



10128
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LEGAL	6 138 43 60						
DESCRIPTION AND LOCATION	SW 1/4 EX W 100 RDS						
LOCATION	BEEBER MET 6 138 43 CORMORANT						
	Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name

IDENTIFICATION: Please Print All Information

Owner	Last Name	First	Initial	Mailing Address- No. Street, City and State	Zip No.	Tel. No.
	WALKER	JAMES	M	Box 458 HAWLEY MINN	56549	483-4636
Contractor	Name Own					

TYPE OF IMPROVEMENT:	RESIDENTIAL PROPOSED USE:	NON-RESIDENTIAL PROPOSED USE:
<input checked="" type="checkbox"/> New Building <input type="checkbox"/> Alteration Other _____	<input checked="" type="checkbox"/> One Family Dwelling <input type="checkbox"/> Multiple Dwelling _____ Units	Specify: _____ Size: _____

ESTIMATED COST OF IMPROVEMENT \$ 30,000.- Construction Starting Date: Sep 28-1985

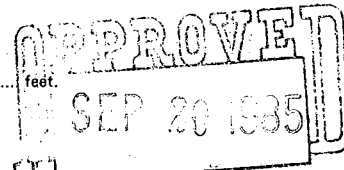
PRINCIPAL TYPE OF FRAME:	TYPE OF SEWAGE DISPOSAL:	DIMENSIONS:
<input checked="" type="checkbox"/> Masonry AND <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Other - Specify	<input type="checkbox"/> Public <input checked="" type="checkbox"/> Individual Septic Tank, etc. WATER SUPPLY: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Individual Well MECHANICAL EQUIPMENT: Elevator: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Air Conditioning: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Central <input type="checkbox"/> Unit	Basement: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Stories above basement: <u>1 LEVEL</u> Sq. feet (outside dimension) <u>3200</u> Bedrooms <u>3</u> Baths <u>2</u>
Type of Roof: <u>WOOD WITH 4" CONCRETE AND 2' OF EARTH</u>	HEATING: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input checked="" type="checkbox"/> None Other: <u>HOT WATER</u>	<u>WOOD BOILER OUTSIDE THE HOUSE</u>

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	1000 Gls.	+375 Sq. Ft.	Sq. Ft.
Distance from nearest well	150 Ft.	+75 Ft.	Ft.
Distance from lake or stream	400 Ft.	400 Ft.	Ft.
Distance from occupied building	+10 Ft.	+10 Ft.	Ft.
Distance from property line	400 Ft.	+100 Ft.	Ft.
Distance from bottom to Water Table	20 Ft.	+4 Ft.	Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is 60 ACRES square feet. Water frontage is 400 feet.
 Building set back from high water mark is 400 feet. (Building Line)
 Land height above high water mark at building line is 20 feet
 Building set back from State highway is _____ feet - from road or street is 400 feet.
 Side yard is 50' and 50' feet. Rear yard is 50' feet.
 Building will be located 25 feet from septic tank (Sewage System Permit must be obtained before installation).
 Building will be located 50 feet from soil absorption system (Cesspool, Drainfield, etc.).



Agreement: I hereby certify that the information contained herein is correct and agree to do the proposed work in accordance with the description above set forth and according to the provisions of the ordinances of Becker County, Minnesota. I further agree that any plans and specifications submitted herewith shall become a part of this permit application. I also understand that this permit is valid for a period of six (6) months. Applicant further agrees that no part of the sewage system shall be covered until it has been inspected and accepted. It shall be the responsibility of the applicant for the permit to notify the County Zoning Administrator, 48 hours before the job is ready for inspection.

Dated Sept 11, 1985
 Signature of Owner James M Walker

When signed and approved by the Zoning Administration this becomes your permit. Permission is hereby granted to the above named applicant to perform the work described in the above statement and/or as shown on the sketch. This permit is granted upon the express condition that the person to whom it is granted, and his agent, employees and workmen shall conform in all respects to the ordinances of Becker County, Minnesota. This permit may be revoked at any time upon violation of said ordinances.

Dated 9-13-85
 Signature of Zoning Administrator [Signature]
 Permit Fee \$ 129.00 State Surcharge \$.50

Comments:

INSPECTOR'S CHECK LIST

Make all measurements and computations

	ACTUAL IS ↓	MINIMUM Shall Be ↓	Sq. Ft.
Building Set Back from High Water Mark	Ft.		Ft.
Building Set Back from State Highway	Ft.		Ft.
Side Yard	_____ & _____ Ft.	_____ & _____ Ft.	
Rear Yard	Ft.		Ft.
Elevation at Building Line above High Water Mark	Ft.		Ft.

SEWAGE DISPOSAL SYSTEM STATISTICS

CATEGORY	SEPTIC TANK				SEEPAGE PIT				DRAIN FIELD			
	Actual		Should be		Actual		Should be		Actual		Should be	
		Gls.		Gls.		SF		SF		SF		SF
Capacity												
Distance from Nearest Well	F		F		F	75	F		F	50	F	
Distance from Lake or Stream	F		F		F		F		F		F	
Distance from Occupied Building	F	10	F		F	20	F		F	20	F	
Distance from Property Line	F	10	F		F	10	F		F	10	F	
Distance from Bottom to Water Table	---	F	---	F	F	4	F		F	4	F	

Inspector's Comments: *11-7-85 Mr Walker called for inspection, septic tank in and around up 4 x 80 foot trench has been dug about 3 weeks ago, no work since that time, no one home.*

INTERPRETATION OF ABBREVIATIONS
 Gls — Gallons
 SF — Square Feet
 F — Linear Feet

[Handwritten Signature]
 Inspector's Signature

Title

Inspection Dated 11-7-85

Agency

INSPECTOR'S CHECK LIST
Make all measurements and computations

	ACTUAL IS ↓	MINIMUM Shall Be ↓	Sq. Ft.
Building Set Back from High Water Mark	Ft.		Ft.
Building Set Back from State Highway	Ft.		Ft.
Side Yard	_____ & _____ Ft.	_____ & _____ Ft.	
Rear Yard	Ft.		Ft.
Elevation at Building Line above High Water Mark	Ft.		Ft.

SEWAGE DISPOSAL SYSTEM STATISTICS

CATEGORY	SEPTIC TANK		SEEPAGE PIT		DRAIN FIELD					
	Actual	Should be	Actual	Should be	Actual	Should be				
Capacity	Gls.	Gls.	SF	SF	SF	SF				
Distance from Nearest Well	F	F	F	75	F	F	50	F		
Distance from Lake or Stream	F	F	F	F	F	F	F	F		
Distance from Occupied Building	F	10	F	20	F	F	20	F		
Distance from Property Line	F	10	F	10	F	F	10	F		
Distance from Bottom to Water Table	---	F	---	F	F	4	F	F	4	F

Inspector's Comments: _____

Inspection of a sewage disposal system shall be made to determine if it complies with the provisions of the Health Department Act, Chapter 108, R.S. 23-101, and the rules and regulations promulgated thereunder.

INTERPRETATION OF ABBREVIATIONS

- Gls — Gallons
- SF — Square Feet
- F — Linear Feet

Inspection
 Dated _____ 19____

 Inspector's Signature

 Title

 Agency

White - Office
 Yellow - Owner
 Pink - Assessor
 Goldenrod - Inspector

BECKER COUNTY ZONING ADMINISTRATION
 COUNTY COURT HOUSE — Phone 218-847-3938—Detroit Lakes, Minn. 56501

Permit No. 12-14/61-33
 Date 9-11-85

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

10/28

LEGAL DESCRIPTION AND LOCATION

6192 215 St
 3623 St

Lake No. _____ Lake Name _____ Lake Classif. _____ Sec. _____ TWP _____ Range _____ TWP Name _____

IDENTIFICATION: Please Print All Information

Last Name	First	Initial	Mailing Address— No. Street, City and State	Zip No.	Tel. No.
Walker	JAMES	M			
Contractor					
Name					

TYPE OF IMPROVEMENT: <input checked="" type="checkbox"/> New Building <input type="checkbox"/> Alteration Other _____	RESIDENTIAL PROPOSED USE: <input checked="" type="checkbox"/> One Family Dwelling <input type="checkbox"/> Multiple Dwelling _____ Units	NON-RESIDENTIAL PROPOSED USE: Specify: _____ Size: _____
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ESTIMATED COST OF IMPROVEMENT \$ 30,000.00 **Construction Starting Date:** _____

PRINCIPAL TYPE OF FRAME: <input checked="" type="checkbox"/> Masonry <u>AND</u> <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Other — Specify _____	TYPE OF SEWAGE DISPOSAL: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Individual Septic Tank, etc. WATER SUPPLY: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Individual Well MECHANICAL EQUIPMENT: Elevator: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Air Conditioning: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Central <input type="checkbox"/> Unit	DIMENSIONS: Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No Stories above basement: _____ Sq. feet (outside dimension) _____ Bedrooms _____ Baths _____ HEATING: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> None Other: <u>11</u>
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TYPE OF ROOF: WOOD SHIP
 additional notes: AND 2'
OF EARTH

	SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity		Gls.	Sq. Ft.	Sq. Ft.
Distance from nearest well		Ft.	Ft.	Ft.
Distance from lake or stream		Ft.	Ft.	Ft.
Distance from occupied building		Ft.	Ft.	Ft.
Distance from property line		Ft.	Ft.	Ft.
Distance from bottom to Water Table		Ft.	Ft.	Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is 60 square feet. Water frontage is _____ feet.

Building set back from high water mark is _____ feet. (Building Line)

Land height above high water mark at building line is _____ feet

Building set back from State highway is _____ feet -- from road or street is _____ feet.

Side yard is _____ and _____ feet. Rear yard is _____ feet.

Building will be located _____ feet from septic tank (Sewage System Permit must be obtained before installation).

Building will be located _____ feet from soil absorption system (Cesspool, Drainfield, etc.).

APPROVED
SEP 20 1985

Agreement: I hereby certify that the information contained herein is correct and agree to do the proposed work in accordance with the description above set forth and according to the provisions of the ordinances of Becker County, Minnesota. I further agree that any plans and specifications submitted herewith shall become a part of this permit application. I also understand that this permit is valid for a period of six (6) months. Applicant further agrees that no part of the sewage system shall be covered until it has been inspected and accepted. It shall be the responsibility of the applicant for the permit to notify the County Zoning Administrator, 48 hours before the job is ready for inspection.

Dated Sept 11, 1985 _____
 Signature of Owner

When signed and approved by the Zoning Administration this becomes your permit. Permission is hereby granted to the above named applicant to perform the work described in the above statement and/or as shown on the sketch. This permit is granted upon the express condition that the person to whom it is granted, and his agent, employees and workmen shall conform in all respects to the ordinances of Becker County, Minnesota. This permit may be revoked at any time upon violation of said ordinances.

Dated 9-13-85 _____
 Permit Fee \$ 129.00 State Surcharge \$.50

 Becker County Zoning Administrator

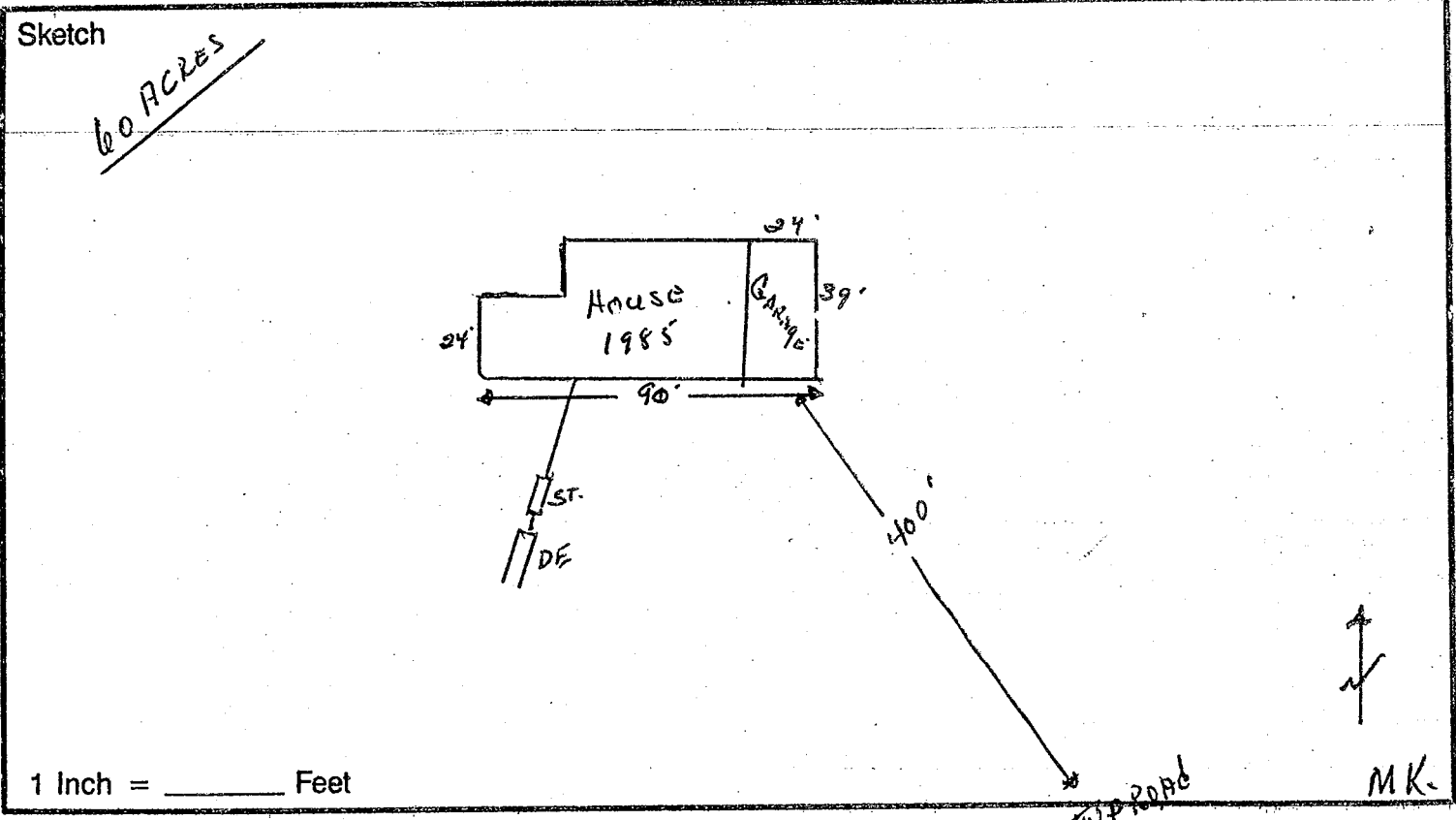
Comments: _____

BECKER COUNTY

Permit Number 1-14, 161-33 Date 9/18/85
12-14, 161-33
Building House Sewage System 1000 gal. septic tank
+ 375 sq. ft. seepage bed
Township Cornwall Sec. 6 Description SW 1/4 except
W 100 Road

Work Authorized House, 3200 sq. ft., one story,
No basement, wood and concrete construction,
New sewer system.

Issued to: Name James M. Walker
Address: Box 458 Town Hawley
State Mn. Zip 56549



NOTE: This card must be placed in a conspicuous place not more than 12 feet above grade on the premises on which work is to be done, and must be maintained there until completion of such work. Notify Becker County Zoning Administrator (847-3938) before building footings have been completed. No part of the sewage system shall be covered until it has been inspected and approved. Notify the Zoning Administrator 24 hours before the job is ready for inspection.

Floyd Sweeney
Becker County Zoning Administrator

BECKER COUNTY
DETROIT LAKES, MN 56504

