

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



060114000

Permit No. 13-14,590-33  
 s, Minn. 56501 Date 5-20-86  
 STATE OF OCCUPANCY

10556

APPLICAT

LEGAL DESCRIPTION AND LOCATION: **NESS BEACH - 3<sup>rd</sup> Add. - BOB'S ALLEY**

Lake No. \_\_\_\_\_ Lake Name **TURTLE RD** Lake Classif. \_\_\_\_\_ Sec. **7** TWP **138 43** Range \_\_\_\_\_ TWP Name **CORMORANT**

IDENTIFICATION: Please Print All Information

Owner	Last Name <b>BECKER, Robert</b>	First Initial	Mailing Address - No. Street, City and State <b>414-22<sup>nd</sup> AV. N. FARGO, N.D.</b>	Zip No. <b>58102</b>	Tel. No.
Contractor	Name <b>GRANT OHM</b>	Address <b>Hudubon MN.</b>			

TYPE OF IMPROVEMENT: ( ) New Building ( ) Alteration Other \_\_\_\_\_

RESIDENTIAL PROPOSED USE: ( ) One Family Dwelling (X) Multiple Dwelling \_\_\_\_\_ Units

NON-RESIDENTIAL PROPOSED USE: Specify: \_\_\_\_\_ Size: \_\_\_\_\_

ESTIMATED COST OF IMPROVEMENT \$ \_\_\_\_\_ Construction Starting Date: \_\_\_\_\_

PRINCIPAL TYPE OF FRAME: ( ) Masonry ( ) Wood Frame ( ) Structural Steel ( ) Other - Specify \_\_\_\_\_

Type of Roof: \_\_\_\_\_

TYPE OF SEWAGE DISPOSAL: ( ) Public (X) Individual Septic Tank, etc.

WATER SUPPLY: ( ) Public (X) Individual Well

MECHANICAL EQUIPMENT: Elevator: ( ) Yes ( ) No Air Conditioning: ( ) Yes ( ) No ( ) Central ( ) Unit

DIMENSIONS: Basement: ( ) Yes ( ) No Stories above basement: \_\_\_\_\_ Sq. feet (outside dimension) \_\_\_\_\_ Bedrooms \_\_\_\_\_ Baths \_\_\_\_\_

HEATING: ( ) Electric ( ) Gas ( ) Oil ( ) Coal ( ) None Other: \_\_\_\_\_

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	1500 Gls.	Sq. Ft.	Sq. Ft.
Distance from nearest well	50 Ft.	Ft.	Ft.
Distance from lake or stream	75 Ft.	Ft.	Ft.
Distance from occupied building	10 Ft.	Ft.	Ft.
Distance from property line	10 Ft.	Ft.	Ft.
Distance from bottom to Water Table	Ft.	Ft.	Ft.

*All distances are shortest distance between nearest points.*

CHARACTERISTICS:

Lot Area is **62x100** square feet. Water frontage is **62** feet.

Building set back from high water mark is **EX. 65** feet. (Building Line)

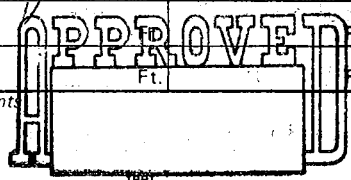
Land height above high water mark at building line is **5** feet

Building set back from State highway is \_\_\_\_\_ feet - from road or street is **10+** feet.

Side yard is **+10** and **+10** feet. Rear yard is \_\_\_\_\_ feet.

Building will be located **+10** feet from septic tank (Sewage System Permit must be obtained before installation).

Building will be located **NONE** 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 **5-20-86** Signature of Owner **Robert Becker**

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 **5-22-86** Signature of Zoning Administrator **David Swenly**  
 Becker County Zoning Administrator

Permit Fee \$ **20.00** State Surcharge \$ **50**

Comments: **PD 5-20-86 - Rec'd by Mark, By Grant Ohm**

**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		
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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**INTERPRETATION  
OF ABBREVIATIONS**

Gls — Gallons  
 SF — Square Feet  
 F — Linear Feet

Inspection  
 Dated \_\_\_\_\_ 19\_\_\_\_

\_\_\_\_\_  
 Inspector's Signature  
 \_\_\_\_\_  
 Title  
 \_\_\_\_\_  
 Agency

# BECKER COUNTY

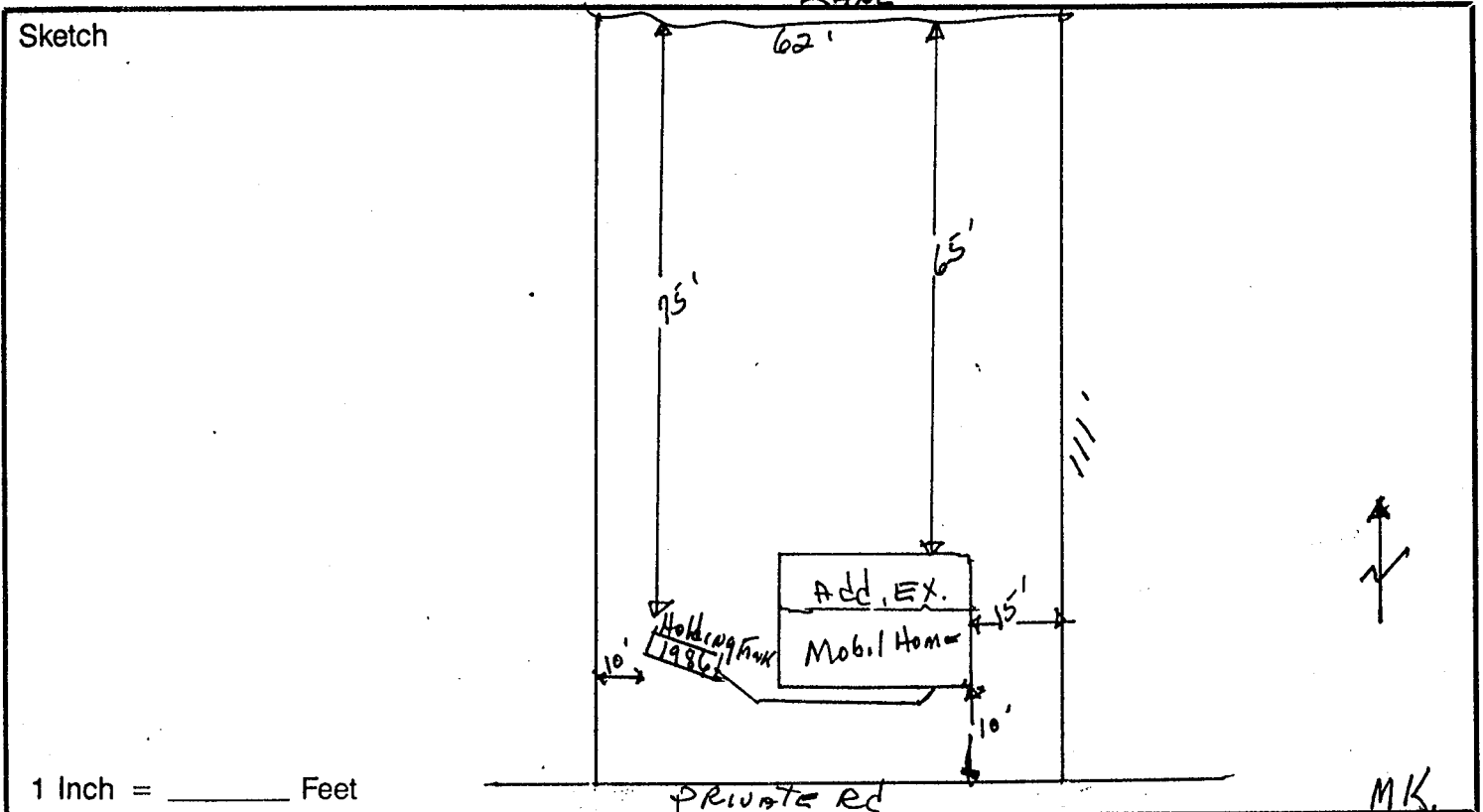
Permit Number 13-14,590-33 Date 5-20-86

Building Sewer System Sewage System 1500 Gls.

Township Cormorant Sec. 7 Description T138 N R43W  
Ness Beach 3rd Add. Bob's Alley

Work Authorized Holding Tank 1500 Gls.

Issued to: Name Robert Becker  
Address: 414 22nd Av. N. Town Fargo  
State ND. Zip 58102



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 56501

**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	1500	Gls.	Gls.	SF	SF	SF	SF			
Distance from Nearest Well	55	F	F	F	75	F	F	50	F	
Distance from Lake or Stream	75	F	F	F	F	F	F	F	F	
Distance from Occupied Building	21	F	10	F	F	20	F	F	20	F
Distance from Property Line	10	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: holding tank only, Grant ohms installed

**INTERPRETATION OF ABBREVIATIONS**

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

Mark Kuebler  
 Inspector's Signature

Inspection Dated 5-20 1986

\_\_\_\_\_  
 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. \_\_\_\_\_  
 Date \_\_\_\_\_

**APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY**

90556

2231

LEGAL DESCRIPTION AND LOCATION

NESS CORP. TRACT 11, TWP 11N, R 10W, S 11N

Lake No. \_\_\_\_\_ Lake Name \_\_\_\_\_ Lake Classif. \_\_\_\_\_ Sec. \_\_\_\_\_ TWP \_\_\_\_\_ Range \_\_\_\_\_ TWP Name \_\_\_\_\_

IDENTIFICATION: Please Print All Information

Owner	Last Name BECKER, Robert	First Initial	Mailing Address— No. Street, City and State	Zip No.	Tel. No.
Contractor	Name				

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

<b>PRINCIPAL TYPE OF FRAME:</b> <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Other — Specify _____	<b>TYPE OF SEWAGE DISPOSAL:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Individual Septic Tank, etc. <b>WATER SUPPLY:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Individual Well <b>MECHANICAL EQUIPMENT :</b> Elevator: <input type="checkbox"/> Yes <input type="checkbox"/> No Air Conditioning: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Central <input type="checkbox"/> Unit	<b>DIMENSIONS:</b> Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No Stories above basement: _____ Sq. feet (outside dimension) _____ Bedrooms _____ Baths _____ <b>HEATING:</b> <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> None Other: _____
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SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	10 Gls.	Sq. Ft.	Sq. Ft.
Distance from nearest well	100 Ft.	Ft.	Ft.
Distance from lake or stream	100 Ft.	Ft.	Ft.
Distance from occupied building	100 Ft.	Ft.	Ft.
Distance from property line	100 Ft.	Ft.	Ft.
Distance from bottom to Water Table	10 Ft.	Ft.	Ft.

*All distances are shortest distance between nearest point.*

**APPROVED**  
 MAY 23 1986

**CHARACTERISTICS:**

Lot Area is \_\_\_\_\_ 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.).

**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 \_\_\_\_\_ Signature of Owner \_\_\_\_\_

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Dated \_\_\_\_\_ Becker County Zoning Administrator \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_ State Surcharge \$ \_\_\_\_\_

Comments: \_\_\_\_\_

**CERTIFICATE OF COMPLIANCE**  
**SEWAGE SYSTEM**

This certificate has been issued this 22nd day of May 19 86

to certify compliance with regulations of Zoning Ordinance, Becker County, Minnesota.

The premises covered by this certificate are legally described as:

Lake No. \_\_\_\_\_ Sec. 7 Twp. 124 Range 43 Twp. Name Commonwealth

Capacity \_\_\_\_\_  
Distance from Nearest Well \_\_\_\_\_  
Distance from Lake or Stream \_\_\_\_\_  
Distance from Occupied Bldg. \_\_\_\_\_  
Distance from Ppoperptyulinc \_\_\_\_\_

Septic Tank  
1500 Gls.  
55 Ft.  
75 Ft.  
21 Ft.  
10 Ft.

Holding Tank Only

Owner: Name Robert Becker

Address 417 22nd Avenue N. Fargo ND 58102

Permit No. SP 10 14,500 00

Zip No. 58102

Signed by: Bob Swaby

Zoning Administrator  
Becker County, Minnesota

