



100142000

**CKER COUNTY**9 LAKE AVENUE, P.O. BOX 787
JIT LAKES, MINNESOTA 56502-0787
(218) 846-7314**ZONING APPLICATION
SUMMARY FORM
FORM A**

Fire No.

Application No.

Tax Parcel No.

Fire No.
Application No. 6497
Tax Parcel No. 10.0142.000

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.) SANDBERG MARK A		2. Authorized Agent (if applicable)	
3. Mailing Address (Street, RFD, Box Number, City, State, Zip Code) HC 10 Box 266 Rochert Minn. 56578			
4. Day Phone 847-8737	5. Evening Phone 847-8737	6. Section	7. Township ERIE

B. PROPERTY DESCRIPTION

1. Lot(s), Block, Subdivision Name 4/10 of Mile West Side of C.R.D. #29, No. of Hwy 34, 8 miles East of D.L. / across from Tom McElroy
2. Note: If the property is a metes and bounds description, check here [] and attach a copy of the exact legal description.

C. APPLICABLE ZONING DISTRICTS

(check all that apply)	
1. <input checked="" type="checkbox"/> Residential	
2. <input type="checkbox"/> Business	
3. <input type="checkbox"/> Commercial	
4. <input type="checkbox"/> Industrial	
5. <input type="checkbox"/> Agricultural	
6. <input type="checkbox"/> Shoreland(*)	
7. <input type="checkbox"/> Other	

*Fill in Section E. also.

D. TYPE OF ZONING REQUEST

Project Type	Necessary Supplemental Form
1. <input checked="" type="checkbox"/> Building Permit	Form B and H
2. <input checked="" type="checkbox"/> Sewage System Permit	Form C and H
3. <input type="checkbox"/> Setback Certificate	
4. <input type="checkbox"/> Land Alteration Permit	Form E and H
5. <input type="checkbox"/> Conditional Use Permit	Form F
6. <input type="checkbox"/> Variance	Form G
7. <input type="checkbox"/> Zoning District Change	Form F
8. <input type="checkbox"/> Subdivision Approval	Form F
9. <input type="checkbox"/> Ordinance Amendment	Form F
10. <input type="checkbox"/> Other (specify below)	

E. SHORELAND MANAGEMENT DATA

1. Lake / Stream Name	N/A
2. Lake / Stream I.D. Number	N/A
3. Classification: [] NE; [] RD; [] GD; [] Other (specify below)	

- IMPORTANT NOTICE -
Most projects require the submission of one or more additional forms as shown in SECTION D. and sometimes plans, specifications and a written project description before your application is considered to be complete. Form A primarily provides summary information for record keeping.

I hereby certify with my signature that all data contained herein as well as all supporting data are true and correct to the best of my knowledge:

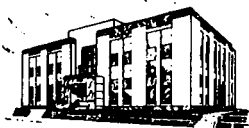
Mark Sandberg Signature 4-25-93 Date

**F. ADMINISTRATIVE DATA SUMMARY
(For Office Use Only)**

1. <input type="checkbox"/> Proper addendum to application has been submitted.	10. Administrative Summary for Applications for Subdivision Approval, Variances, Conditional Use Permits, Ordinance Amendments and Zoning District Changes:
2. <input type="checkbox"/> Detailed plans have been submitted which were prepared by: _____ Dated: _____	a. Referred to Township on: _____
3. <input type="checkbox"/> Written project description has been submitted which was prepared by: _____ Dated: <u>3-5-93</u>	b. Referred to Planning Commission on: _____
4. <input type="checkbox"/> Approved [] with, [] without modification on: <u>3-5-93</u>	c. Referred to Board of Adjustment on: _____
5. <input type="checkbox"/> Denied on: _____	d. Referred to County/City Engineer on: _____
6. Itemization of Fees:	e. Referred to County/City Attorney on: _____
General Application <u>120.00</u>	f. Referred to Soil and Water Cons. Dist. on: _____
State Surcharge <u>50</u>	g. Referred to Watershed District on: _____
<u>45.00</u>	h. Date of Hearing Notice: _____
	i. Date of Public Hearing: _____
	j. Is ten (10) day notice to the DNR necessary? [] yes, [] no
	If yes, enter date sent to DNR here: _____
7. Total Fees - <u>165.50</u>	k. Is ten (10) day final notice to the DNR necessary? [] yes, [] no
8. Fee paid on (date): <u>3-5-93</u>	If yes, enter date sent to DNR here: _____
9. Administrative Summary for Building Permits, Sewage System Permits, and Shoreland Alteration Permits.	l. Final Action: [] APPROVED [] with, [] without modification
a. Dates of Inspection(s): _____	[] DENIED
b. Certificate of Occupancy (Zoning Compliance) issued on: _____	By: [] County Board; [] Board of Adjustment
	Date of Action: _____

PAGE 2

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



BECKER COUNTY

829 LAKE AVENUE, P.O. BOX 787
DETROIT LAKES, MINNESOTA 56502-0787
(218) 846-7314

SUPPLEMENTAL DATA FOR BUILDING PERMIT FORM B

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.) <u>Sandberg Mark A</u>		
2. General Contractor <u>Self</u>	3. Electrical Contractor <u>Self</u>	4. Plumbing Contractor <u>Self</u>
5. Earthwork Contractor <u>Self</u>	6. Architect	7. Contractor License No.

B. PROJECT INFORMATION

1. Type of Project a. <input type="checkbox"/> New Construction b. <input checked="" type="checkbox"/> Addition c. <input checked="" type="checkbox"/> Relocation d. <input type="checkbox"/> Repair e. <input type="checkbox"/> Foundation Only f. <input type="checkbox"/> Roofing g. <input type="checkbox"/> Other (specify)	2. Proposed Use a. <input checked="" type="checkbox"/> Single Family b. <input type="checkbox"/> Multiple Family c. <input type="checkbox"/> Agricultural d. <input type="checkbox"/> Public e. <input type="checkbox"/> Commercial f. <input type="checkbox"/> Industrial g. <input type="checkbox"/> Other (specify)	3. Lot Dimensional Data Proposed Required a. Area in ft ² or acres: = <u>20 ACRES</u> b. Lot width at building line: = <u>200'</u> c. Lot depth: = <u>200'</u> d. Lake/Stream setback: = _____ e. Side lot line: = <u>200'</u> f. Road Setback: TWP Road CL = _____ County Road CL = <u>245'</u> Four Lane ROW = _____	Well Data a. Depth: = <u>150' to 200'</u> b. Diameter: = <u>4 inch</u> c. Depth of Casing: = <u>150' to 200'</u> <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Public <input type="checkbox"/> Sand Point <input type="checkbox"/> Private Well	Structure Type <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Ag. Bldg. <input checked="" type="checkbox"/> Garage <input type="checkbox"/> Storage <input type="checkbox"/> Office <input type="checkbox"/> Boathouse <input type="checkbox"/> Warehouse <input type="checkbox"/> Deck <input type="checkbox"/> Other (specify below)	Sewage Disposal System Data a. <input type="checkbox"/> Septic Tank Only b. <input type="checkbox"/> Drainfield Only c. <input checked="" type="checkbox"/> Septic Tank & Drainfield d. <input type="checkbox"/> Alternative System (specify)

C. STRUCTURE DATA

1. Structure Elevation Requirements a. Max. Building Height Proposed Required = <u>15' or -</u> b. Fill Elev. Adjacent to Structure = <u>2'</u> <u>2' Below Siding of House</u>	2. Structure Dimensions a. Length (ft.) = <u>36'</u> b. Width (ft.) = <u>28'</u> Areas in ft² c. Basement = <u>1008</u> d. 1 st Floor = <u>1008</u> e. 2 nd Floor = _____ f. Total Area = <u>2016</u> <u>SINGLE story House</u> <u>28' x 36'</u> <u>Basement</u> <u>28' x 36'</u>	3. Type of Construction <input checked="" type="checkbox"/> Wood /Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Metal <input type="checkbox"/> Pole Bldg. <input type="checkbox"/> On-site Prefab <input type="checkbox"/> Off-site Prefab	5. Project Cost Factors a. Cost of Improvements: \$ <u>8000.00</u>

I hereby certify with my signature that all data on my application forms, plans and specifications are true and correct to the best of my knowledge:

Mark Sandberg 4-25-93
Signature of Applicant Date

BUILDING PERMIT

☐ APPLICATION IS HEREBY DENIED
☒ PERMISSION IS HEREBY GRANTED TO

all in accordance with the application, addendum form, plans, specifications and all other supporting data, unless specified hereinafter in the GENERAL and/or SPECIAL PROVISIONS.

BY ORDER OF: Project SW May PS 3A 55-93
Signature of Permitting Authority Title Date

NOTE: THIS PERMIT TERMINATES ON: _____ except as provided for by local ordinance and/or Minnesota Law.

SEE REVERSE FOR GENERAL AND SPECIAL PROVISIONS

Application Fee \$ 120.00 Township Fee \$.00 Total \$ 120.00

PAGE 2
FORM B - BUILDING PERMIT

GENERAL PROVISIONS

1. This permit [] is; [] is not subject to the State Building Code.
2. No changes in plans or specifications can be made to the work authorized herein unless such change is first approved in writing by the permitting authority.
3. Permittee shall grant access to the site at all reasonable times so that the permitting authority or his/her agents may conduct inspections to ascertain compliance with the terms and conditions of this permit.
4. The construction site shall be kept reasonably free of debris at all times so as to not create a public nuisance.
5. Permittee shall install permanent and temporary erosion control measures in order to prevent erosion of disturbed soils from the project site onto adjacent parcels of land, public waters, public roads, ditches, sewer facilities and the like. Permittee shall cease all related authorized construction activities until such time as any such problem is corrected as agreed to by the permitting authority.
6. No certificate of occupancy or zoning compliance may be issued until all the provisions and conditions of this permit are complied with in full.
7. A copy of this permit or an official notice or placard thereof must be posted in a conspicuous place protected from the effects of weather no more than 12 feet above grade on the premises which the work is to be done and shall be maintained there until completion of said work.
8. The granting of this permit does not exempt the permittee from having to secure other permits from other state, federal or local units of government which may have jurisdiction over portions of the authorized project.

SPECIAL PROVISIONS

1. _____

2. _____

3. _____

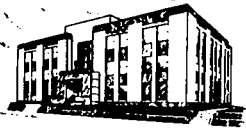
4. _____

5. _____

6. _____

7. _____

8. _____



BECKER COUNTY

829 LAKE AVENUE, P.O. BOX 787
DETROIT LAKES, MINNESOTA 56502-0787
(218) 846-7314

Fire No.

Application No.

Tax Parcel No.

10.0142.000

SUPPLEMENTAL DATA FOR SEWAGE SYSTEM PERMIT FORM C

A. GENERAL INFORMATION

1. Applicant's Name (Last, First, M.I.)
Sandberg, Mark

2. Sewer Installer
Self

3. Soil Tester/Earthwork Contractor

4. MPCA Certification No.
Self

B. SEWAGE SYSTEM DATA

C. SITE DATA

<p>1. Work Category</p> <p>a. <input checked="" type="checkbox"/> New System</p> <p>b. <input type="checkbox"/> Repair</p>	<p>2. Type of System</p> <p>a. <input type="checkbox"/> Septic Tank Only</p> <p>b. <input type="checkbox"/> Drainfield Only</p> <p>c. <input checked="" type="checkbox"/> Septic Tank & Drainfield</p> <p>d. <input type="checkbox"/> Alternative System (specify) _____</p>	<p>1. Soils</p> <p>a. Soil Type: _____</p> <p>b. Percolation Rate (minutes per inch): _____</p> <p>c. Depth to Water Table: _____</p>	<p>2. Supporting Data/Attachments</p> <p><input type="checkbox"/> Sketch Plan**</p> <p><input type="checkbox"/> Percolation Data Sheets</p> <p><input type="checkbox"/> Soil Borings</p> <p><input type="checkbox"/> Tank/Drainfield Design Calculations</p>																											
<p>3. Anticipated Use</p> <p>a. <input checked="" type="checkbox"/> Single Family</p> <p>b. <input type="checkbox"/> Multiple Family</p> <p>c. <input type="checkbox"/> Commercial</p> <p>d. <input type="checkbox"/> Agricultural</p> <p>e. <input type="checkbox"/> Other (specify) _____</p>	<p>4. Type of Drainfield</p> <p>a. <input checked="" type="checkbox"/> Standard System</p> <p>b. <input type="checkbox"/> Mound (pressure distribution)</p> <p>c. <input type="checkbox"/> Mound (gravity distribution)</p>	<p>b. Well Data:</p> <p>a. Depth: <u>±200'</u></p> <p>b. Diameter: <u>4"</u></p> <p>c. Depth of Casing: _____</p> <p>d. <input checked="" type="checkbox"/> Drilled</p> <p>e. <input type="checkbox"/> Sand Point</p> <p>f. <input type="checkbox"/> Augered</p> <p>g. <input type="checkbox"/> Public</p> <p>h. <input checked="" type="checkbox"/> Private Well</p>																												
<p>5. System Design Data</p> <table border="0"><thead><tr><th></th><th>Tank</th><th>Drainfield</th></tr></thead><tbody><tr><td>a. Distance to Well:</td><td><u>50'</u></td><td><u>50'</u></td></tr><tr><td>b. Distance to Building:</td><td><u>10'</u></td><td><u>20'</u></td></tr><tr><td>c. Distance to Property Line:</td><td>_____</td><td>_____</td></tr><tr><td>d. Distance to Suction Line:</td><td>_____</td><td>_____</td></tr><tr><td>e. Distance to Pressure Line:</td><td>_____</td><td>_____</td></tr><tr><td>f. Tank Capacity (gal.) and Area of Drainfield (ft. 2):</td><td>_____</td><td>_____</td></tr><tr><td>g. Distance to Lake or Stream (from Ordinary High Water Level):</td><td>_____</td><td>_____</td></tr><tr><td>h. Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:</td><td>_____</td><td>_____</td></tr></tbody></table>			Tank	Drainfield	a. Distance to Well:	<u>50'</u>	<u>50'</u>	b. Distance to Building:	<u>10'</u>	<u>20'</u>	c. Distance to Property Line:	_____	_____	d. Distance to Suction Line:	_____	_____	e. Distance to Pressure Line:	_____	_____	f. Tank Capacity (gal.) and Area of Drainfield (ft. 2):	_____	_____	g. Distance to Lake or Stream (from Ordinary High Water Level):	_____	_____	h. Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:	_____	_____	<p>Water Uses:</p> <p><u>YES</u> Water Softener <u>YES</u> Dishwasher</p> <p><u>YES</u> Washing Machine <u>NO</u> Garbage Disposal</p> <p><u>3</u> No. Bedrooms <u>1</u> No. Bathrooms</p>	
	Tank	Drainfield																												
a. Distance to Well:	<u>50'</u>	<u>50'</u>																												
b. Distance to Building:	<u>10'</u>	<u>20'</u>																												
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g. Distance to Lake or Stream (from Ordinary High Water Level):	_____	_____																												
h. Drainfield Separation from Highest Known Ground Water Level, Impervious Lens or Soil Mottling:	_____	_____																												

I hereby certify with my signature that all data on my application forms, plans and specifications are true and correct to the best of my knowledge:

Signature of Applicant

Date

SEWAGE SYSTEM PERMIT

☐ APPLICATION IS HEREBY DENIED

☒ PERMISSION IS HEREBY GRANTED TO _____

All in accordance with the application, addendum form, plans, specifications and all other supporting data, unless specified hereinafter in the GENERAL and/or SPECIAL PROVISIONS.

BY ORDER OF: _____

Signature of Permitting Authority

Title

Date

NOTE: THIS PERMIT TERMINATES ON: _____ except as provided for by local ordinance and/or Minnesota Law.

- SEE REVERSE FOR GENERAL AND SPECIAL PROVISIONS -

Application Fee \$

45.00

State Surcharge

50

Total \$

45.50

PAGE 2
FORM C -SEWAGE SYSTEM PERMIT

GENERAL PROVISIONS

1. Permittee shall not cover the system authorized herein until such system has been inspected and determined to be compliant by the permitting authority. This provision can be waived only at the discretion of the permitting authority.
2. Where clay soils are predominant, no drainfield excavation can proceed if more than one (1) inch of total rainfall has been received at the nearest official rain gauge within one (1) week prior to construction. This provision can only be waived at the discretion of the permitting authority.
3. No changes in plans or specifications can be made to the work authorized herein unless such change is first approved in writing by the permitting authority.
4. Permittee shall grant access to the site at all reasonable times so that the permitting authority or his/her agents may conduct inspections to ascertain compliance with the terms and conditions of this permit.
5. The construction site shall be kept reasonably free of debris at all times so as to not create a public nuisance.
6. Permittee shall install permanent and temporary erosion control measures in order to prevent erosion of disturbed soils from the project site onto adjacent parcels of land, public waters, public roads, ditches, sewer facilities and the like. Permittee shall cease all related authorized construction activities until such time as any such problem is corrected as agreed to by the permitting authority.
7. No certificate of occupancy or zoning compliance may be issued until all the provisions and conditions of this permit are complied with in full.
8. A copy of this permit or an official notice or placard thereof must be posted in a conspicuous place protected from the effects of weather no more than 12 feet above grade on the premises which the work is to be done and shall be maintained there until completion of said work.
9. The granting of this permit does not exempt the permittee from having to secure other permits from other state, federal or local units of government which may have jurisdiction over portions of the authorized project.
10. This permit does not allow the destruction or removal of any trees or vegetation which exists more than ten (10) feet beyond the foundation of the authorized structure or more than five (5) feet beyond the edge of a driveway or parking lot unless authorized in a Special Provision below.

Date

Signature of Applicant

SPECIAL PROVISIONS

1. _____

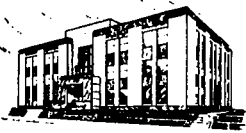
2. _____

3. _____

4. _____

5. _____

6. _____



BECKER COUNTY

829 LAKE AVENUE, P.O. BOX 787
DETROIT LAKES, MINNESOTA 56502-0787
(218) 846-7314

SKETCH PLAN FORM H

Fire No.

Application No.

6497

Tax Parcel No.

10.0142.000

Please be as complete as possible. Include all of the items listed below where applicable.

GENERAL CHECKLIST

- ☒ scale
- ☒ north arrow
- ☒ lot dimensions
- ☒ structure location
- ☒ side lot setback
- ☒ road setback
- ☒ septic tank location
- ☒ drainfield location
- ☒ location of all wells within 100' of drainfield
- ☒ fill & grading limits
- ☒ vegetation alteration limits

WATER RESOURCE CHECKLIST

- ☒ location of ordinary high water level (OHWL) *NONE*
- ☐ location of present water line
- ☐ setback from OHWL
- ☐ location of highest known water level
- ☐ existing local drainage
- ☐ location of wetland areas

Scale of Diagram: 1 inch = 56 feet

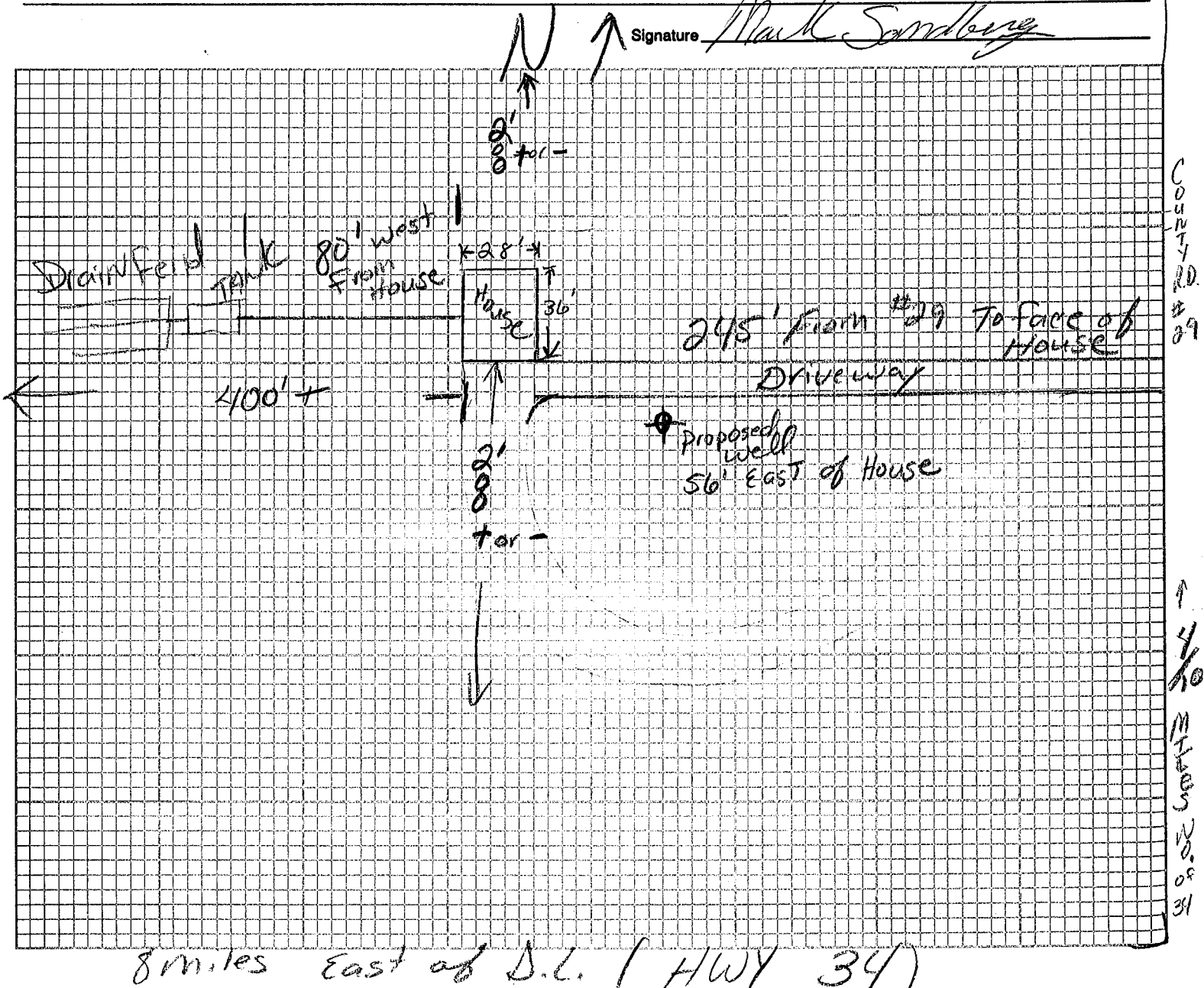
Drawing By: Mark Sandberg

Date of Drawing: 4-25-93

Remarks:

Signature

Mark Sandberg



APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

LEGAL DESCRIPTION AND LOCATION	<u>LEONA BEACH LOT 9-73W NW 1/4</u>						
	<u>286</u>	<u>COTTON</u>	<u>R.D</u>	<u>11</u>	<u>40</u>	<u>139</u>	<u>TRIE</u>
	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.
	<u>HANSON</u>	<u>J.</u>	<u>Howard</u>	<u>514 COTTONWOOD ST.</u> <u>GRAND FORKS, N.D.</u>	<u>58201</u>	
Contractor	Name					
	<u>SELF</u>					

TYPE OF IMPROVEMENT:	RESIDENTIAL PROPOSED USE:	NON-RESIDENTIAL PROPOSED USE:
<input checked="" type="checkbox"/> New Building <input type="checkbox"/> Alteration Other <u>Addition</u>	<input checked="" type="checkbox"/> One Family Dwelling <input type="checkbox"/> Multiple Dwelling _____ Units	Specify: <u>Addition to House</u> Size: <u>8X18'</u>

ESTIMATED COST OF IMPROVEMENT \$ <u>1000</u>	Construction Starting Date:
PRINCIPAL TYPE OF FRAME:	TYPE OF SEWAGE DISPOSAL:
<input type="checkbox"/> Masonry <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
Type of Roof: <u>Asphalt</u>	DIMENSIONS: Basement: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Stories above basement: _____ Sq. feet (outside dimension) _____ Bedrooms <u>2</u> Baths <u>1</u> HEATING: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> None Other: <u>BED 12x40</u>

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE	DRAIN FIELD
Capacity	<u>1000</u> Gls.	Sq. Ft.	<u>3</u> Sq. Ft.
Distance from nearest well	<u>50</u> Ft.	Ft.	Ft.
Distance from lake or stream	<u>100</u> Ft.	Ft.	Ft.
Distance from occupied building	<u>10</u> Ft.	Ft.	Ft.
Distance from property line	<u>10</u> Ft.	Ft.	Ft.
Distance from bottom to Water Table	Ft.	Ft.	Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is 75X 200 square feet. Water frontage is 75 feet.

Building set back from high water mark is 75 feet. (Building Line) 6 feet

Land height above high water mark at building line is 6 feet

Building set back from State highway is 30' feet — from road or street is 30' feet.

Side yard is 30' and 30' 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 10 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 6-14-74 J. Howard Hanson
Signature of Owner

Permit: Permission is hereby granted to the above named applicant to perform the work described in the above statement. 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 6-14-74 David Suenby
Becker County Zoning Administrator

Permit Fee \$ 10 State Surcharge \$ 50

Comments: Paid 6-14-74 - Rec'd by Mark

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[Faint, illegible text in the middle section of the page, appearing to be several lines of a letter or report.]

[Faint, illegible text at the bottom of the page, possibly a signature block or concluding remarks.]

Yellow — Owner
Pink — Assessor
Blue — Inspector

BECKER COUNTY ZONING ADMINISTRATION
COUNTY COURT HOUSE — Phone 218-847-7721 — Detroit Lakes, Minn. 56501

Permit No. _____
Date 6-14-74

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

LEGAL DESCRIPTION AND LOCATION	<u>LEONA BEACH Lot 9-73W NW 1/4</u>						
	<u>286</u>	<u>Cotton</u>	<u>RD</u>	<u>11</u>	<u>139</u>	<u>40</u>	<u>ERIE</u>
	Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name

IDENTIFICATION: Please Print All Information

Owner	Last Name <u>HANSON</u>	First <u>J</u>	Initial <u>HOWARD</u>	Mailing Address— No. Street, City and State <u>514 COTTON WOOD ST.</u> <u>BRAND FORKS, N.D.</u>	Zip No. <u>58201</u>	Tel. No.
Contractor	Name <u>SELF</u>					

TYPE OF IMPROVEMENT:	RESIDENTIAL PROPOSED USE:	NON-RESIDENTIAL PROPOSED USE:
<input checked="" type="checkbox"/> New Building <input type="checkbox"/> Alteration Other _____	<input type="checkbox"/> One Family Dwelling <input type="checkbox"/> Multiple Dwelling _____ Units	Specify: <u>GARAGE</u> Size: <u>16' x 26'</u>

ESTIMATED COST OF IMPROVEMENT \$ <u>1,000 —</u>	Construction Starting Date: _____	
PRINCIPAL TYPE OF FRAME:	TYPE OF SEWAGE DISPOSAL:	DIMENSIONS:
<input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Other — Specify _____	<input type="checkbox"/> Public <input type="checkbox"/> Individual Septic Tank, etc. WATER SUPPLY: <input type="checkbox"/> Public <input type="checkbox"/> Individual Well MECHANICAL EQUIPMENT : 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	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: _____
Type of Roof: <u>Asphalt</u>		

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 _____ 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 6-14-74

Howard Hanson
Signature of Owner

Permit: Permission is hereby granted to the above named applicant to perform the work described in the above statement. 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 _____

Becker County Zoning Administrator

Permit Fee \$ 10 — State Surcharge \$ 50

Comments: PAID 6-14-74 - Rec'd by Mail.

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