

Yellow - Owner
Pink - Assessor
Blue - Inspector

COUN'
APPLICATION FC



n. 56501

Permit No. 9-8-75

E OF OCCUPANCY

LEGAL DESCRIPTION AND LOCATION: Lake Center State County # 6

Lake No. _____ Lake Name _____ Lake Classif. _____ Sec. _____ TWP _____ Range 138 H2 TWP Name Lake Center

836

IDENTIFICATION: Please Print All Information

Owner	Last Name	First	Initial	Mailing Address— No. Street, City and State	Zip No.	Tel. No.
	<u>VADNAN'S</u>	<u>CLARENCE</u>		<u>FRAZEE, MN.</u>		
				<u>RT 3</u>		
Contractor	Name <u>SELF</u>					

TYPE OF IMPROVEMENT: () New Building () Alteration Other _____

RESIDENTIAL PROPOSED USE: () One Family Dwelling () Multiple Dwelling _____ Units

NON-RESIDENTIAL PROPOSED USE: Specify: Class + Dwelling Size: _____

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

PRINCIPAL TYPE OF FRAME: () Masonry () Wood Frame () Structural Steel () Other - Specify _____	TYPE OF SEWAGE DISPOSAL: () Public () Individual Septic Tank, etc. WATER SUPPLY: () Public () 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: <u>Bed 9x30</u>
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SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE	DRAIN FIELD
Capacity	Gls. <u>270</u>	Sq. Ft. <u>50</u>	Sq. Ft. _____
Distance from nearest well	Ft. _____	Ft. _____	Ft. _____
Distance from lake or stream	Ft. _____	Ft. _____	Ft. _____
Distance from occupied building	Ft. <u>20</u>	Ft. _____	Ft. _____
Distance from property line	Ft. <u>20</u>	Ft. _____	Ft. _____
Distance from bottom to Water Table	Ft. <u>4</u>	Ft. _____	Ft. _____

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is 1.12 square feet. Water frontage is none 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 over 10 and over 10 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 9-8-75 Signature of Owner X C Vadnais

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 9-8-75 Becker County Zoning Administrator Floyd Srenby

Permit Fee \$ 3- State Surcharge \$ 50

Comments: PAID 9-8-75 - Rec'd by Mark

Scale: Each grid equals _____ feet/inches.

GRID PLOT PLAN SKETCHING FORM

Application for Building Permit Dated _____ 19 _____

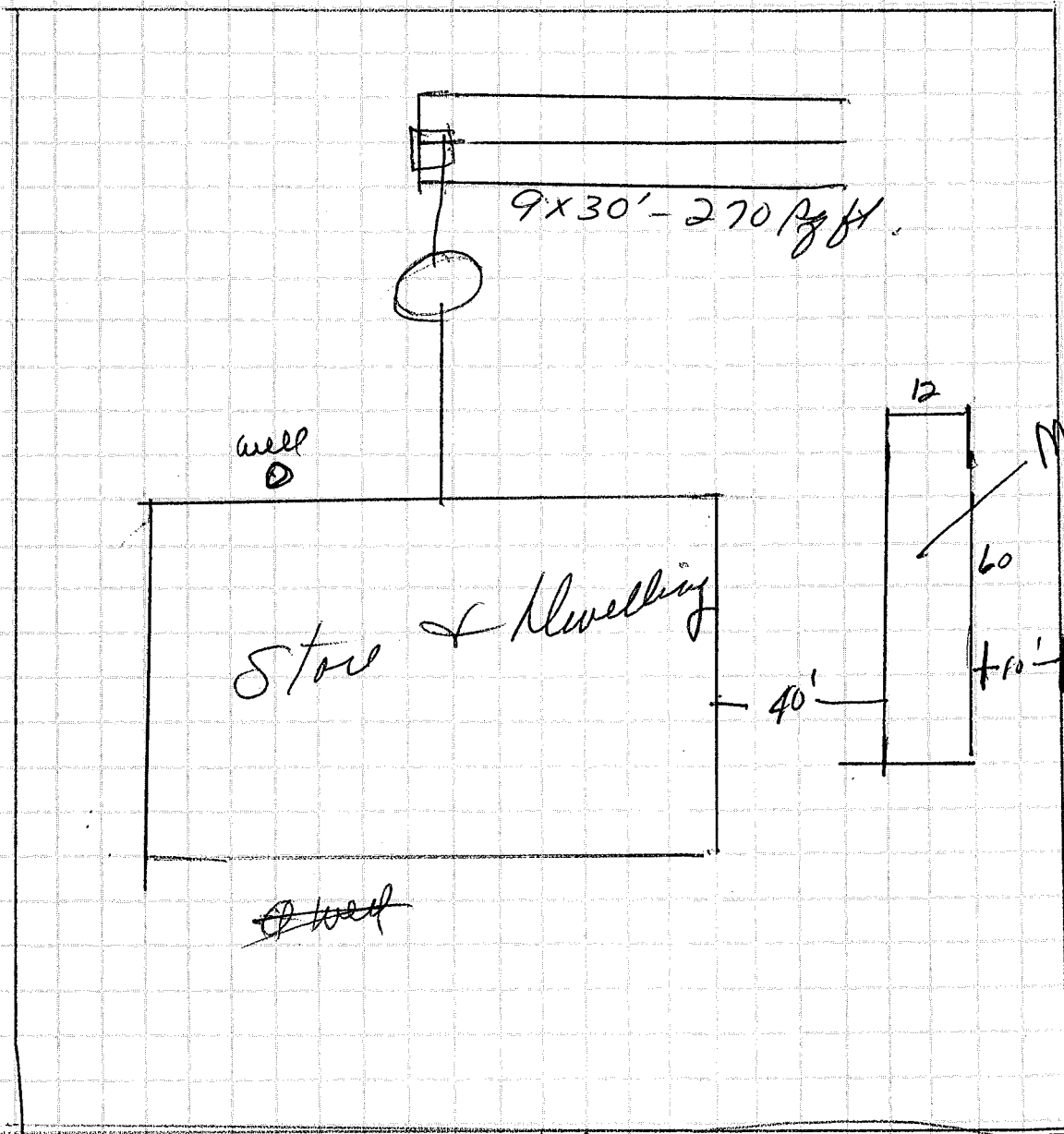
Application for Sewage System Permit Dated 9-8 19 75

Building Permit Number _____ Sewage System Permit Number _____

Applicant agrees that this plot plan is a part of application (s) indicated above.

Dated 9-8 19 75.

X Clarence Nadraus
Signature



County #6

- W — File
- Y — Owner
- B — Building Inspector

SP No. 1728

BECKER COUNTY

Sewage Permit No. SP No. _____

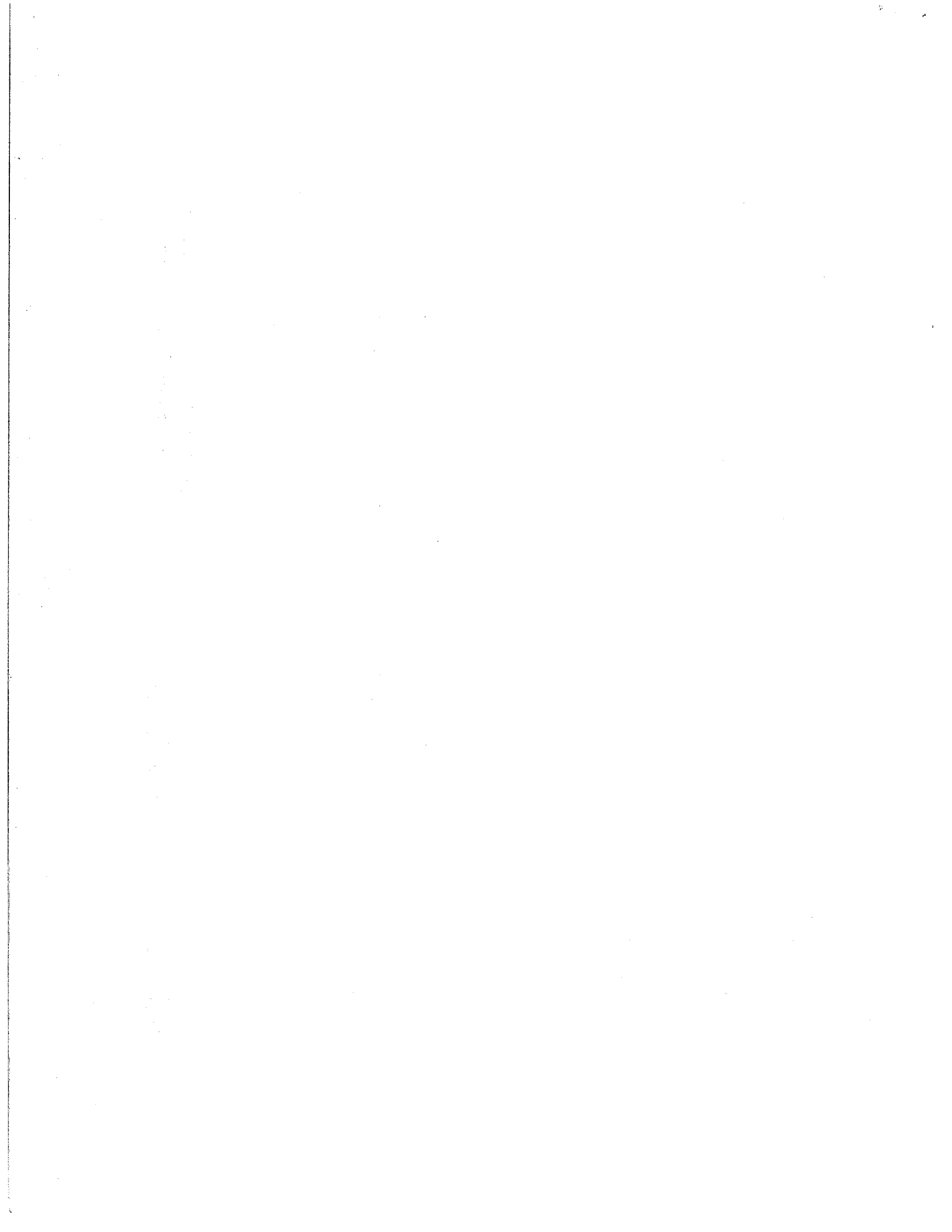
Location: Lake No. _____ Sec. _____ Twp. _____ Range _____ Twp. Name _____

Issued _____ 19____, To _____
Work Authorized _____

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. No part of system shall be covered until it has been inspected and approved. Notify Zoning Administrator, (847-7721) office when job is ready for inspection.

Becker County Zoning Administrator

BECKER COUNTY, MINNESOTA
Board of County Commissioners



Yellow - Owner
 Pink - Assessor
 Blue - Inspector

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

LEGAL DESCRIPTION AND LOCATION							
	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.
Contractor	Name					

TYPE OF IMPROVEMENT: <input type="checkbox"/> New Building <input type="checkbox"/> Alteration Other _____	RESIDENTIAL PROPOSED USE: <input 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 \$ _____ Construction Starting Date: _____

PRINCIPAL TYPE OF FRAME: <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Other - Specify _____ Type of Roof: _____	TYPE OF SEWAGE DISPOSAL: <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	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: _____
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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 _____ 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 \$ _____ State Surcharge \$ _____

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
Capacity	Gls.	Gls.	SF	SF	SF	SF
Distance from Nearest Well	F	F	F	75	F	50
Distance from Lake or Stream	F	F	F	F	F	F
Distance from Occupied Building	F	10	F	20	F	20
Distance from Property Line	F	10	F	10	F	10
Distance from Bottom to Water Table	---	F	---	F	F	4

Inspector's Comments: *Septic tank is concrete precast, 1000 gal or larger. New drain bed is 9 x 30, but the contractor did run into clay soil, explained to (Mrs Lawson?) owner this may not be larger enough and may have to be increased in size next spring. Explained need for riser pipe on each drain field line.*

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

Floyd Shelby
 Inspector's Signature

John G. Administrator
 Title

Inspection Dated 11-6-1975 Barber County,
 Agency