Yellow — Owner
Pink — Assessor
Goldenrod — Inspector

BECKER COUNTY ZONING ADMINISTRATION

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

Date 7-1-77

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

170777000

3098

LEGAL DESCRIPTION AND LOCATION	Lot 3 Isthmus Beach Eunice
	3-508 (Lake No.) ~~[illegible]~~ (Lake Name) RD (Lake Classif.) 27 (Sec.) 138N (TWP) 42W (Range) LAKE EUNICE (TWP Name)

IDENTIFICATION: Please Print All Information

	Last Name	First Initial	Mailing Address— No. Street, City and State	Zip No.	Tel. No.
Owner	LARSON,	JEFFREY D.	BOX 116C RR1 So. Maud, Detroit Lakes		56501
Contractor	Name GRANT OHM		Audubon MN		

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

RESIDENTIAL PROPOSED USE:
( ) One Family Dwelling
( ) 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
( ) 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 2 Baths .....

HEATING:
( ) Electric ( ) Gas ( ) Oil
( ) Coal ( ) None
Other: Bed

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	1000 Gls.	250 Sq. Ft.	Sq. Ft.
Distance from nearest well	50 Ft.	60 Ft.	Ft.
Distance from lake or stream	75 Ft.	85 Ft.	Ft.
Distance from occupied building	20 Ft.	30 Ft.	Ft.
Distance from property line	10 Ft.	10 Ft.	Ft.
Distance from bottom to Water Table	Ft.	OVER 4 Ft.	Ft.

LIFT PUMP SYSTEM

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 7-1-77

X Jeffrey D. Larson
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 7-8-77

Mark Kuehne asst
Becker County Zoning Administrator

Permit Fee $ 10.00 State Surcharge $ 5.0

Comments: paid by Grant Ohm Rec'd by Mark

Scale: Each grid equals _____ feet/inches.

GRID PLOT PLAN SKETCHING FORM

Application for Building Permit Dated _____ 19____

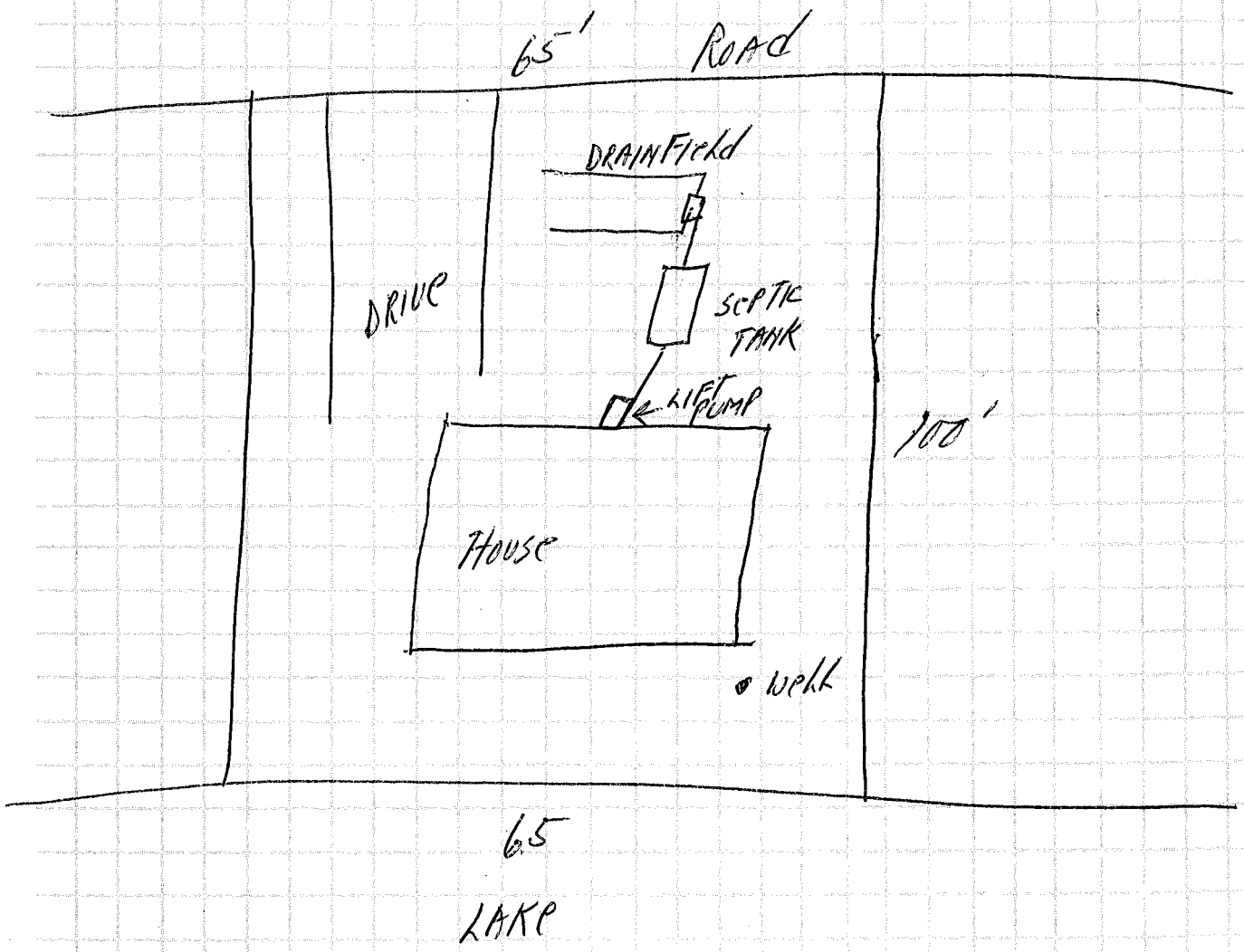
Application for Sewage System Permit Dated _____ 19____

Building Permit Number _____ Sewage System Permit Number _____

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

Dated _____ 19____.

Signature



W — File
Y — Owner
B — Building Inspector

CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this _____ *day of* _____ *19* _____,

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

The premises covered by this certificate are legally described as:

Lake No. _____ *Sec.* _____ *Twp.* _____ *Range* _____ *Twp. Name* _____

Owner: Name _____

Address _____

Zip No. _____

Permit No. SP _____

Signed by: Floyd Svenby

Zoning Administrator
Becker County, Minnesota

INSPECTOR'S CHECK LIST

Make all measurements and computations

	ACTUAL IS ↓	MINIMUM Shall Be ↓
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

Bet. 10 & 25

CATEGORY	SEPTIC TANK Actual		SEPTIC TANK Should be		SEEPAGE PIT Actual		SEEPAGE PIT Should be		DRAIN FIELD Actual		DRAIN FIELD Should be	
Capacity	1000	Gls.	1000	Gls.	250	S.F.		S.F.		S.F.		S.F.
Distance from Nearest Well	50	F.	50	F.	60	F.	50 75	F.		F.	50	F.
Distance from Lake or Stream	75	F.	75	F.	85	F.	75	F.		F.		F.
Distance from Occupied Building	20	F.	10	F.	30	F.	20	F.		F.	20	F.
Distance from Property Line	10	F.	10	F.	30	F.	10	F.		F.	10	F.
Distance from Bottom to Water Table	—	Feet	—	F.	4'	F.	4	F.		F.	4	F.

Inspector's Comments: Front Chem Toilet — 8 gal pump to moved type drain field.

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

Mark Fowler
Inspector's Signature

Title

Inspection Dated 6-25-19 77

Agency

Yellow — Owner
Pink — Assessor
Goldenrod — Inspector

COUNTY COURTHOUSE — Phone 218-847-3938 — Detroit Lakes, Minn. 56501 — Date

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LEGAL DESCRIPTION AND LOCATION

Lake No. | Lake Name | Lake Class | Sec. | T.W. | Range | TWP. Name

IDENTIFICATION: (Please Print All Information)

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

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

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

NON-RESIDENTIAL PROPOSED USE: Specify Size

ESTIMATED COST OF IMPROVEMENTS: 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

Type of Roof

SEWAGE DISPOSAL SYSTEM DATA	SEPTIC TANK	SEEPAGE PIT	DRAINFIELD
Capacity	Gls.	Sq. Ft.	Sq. Ft.
Distance from nearest well	Ft.	Ft.	Ft.
Distance from lake or stream	Ft.	Ft.	Ft.
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Distance from property line	Ft.	Ft.	Ft.
Distance from bottom of Water Table	Ft.	Ft.	Ft.

All distances are shortest distance between nearest points.

CHARACTERISTICS

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Dated

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Dated

Becker County Zoning Administrator

Permit Fee $ State Surcharge $

Comments