



3377

LEGAL DESCRIPTION AND LOCATION
 5 AC in the NE 1/4 of NE 1/4
 Lake No. Lake Name Lake Classif. Sec. TWP Range TWP Name
 1 138 41 LAKEVIEW

IDENTIFICATION: Please Print All Information

Owner	Last Name Stander, Duane	First Initial	Mailing Address— No. Street, City and State RT 4 Bx 58 Detroit Lakes Minn.	Zip No.	Tel. No.
Contractor	Name Joe Stinger				

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

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 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 1 HEATING: () Electric () Gas () Oil () Coal () None Other: Bed - 10 x 30
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SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	1000 Gls.	300 Sq. Ft.	Sq. Ft.
Distance from nearest well	50 Ft.	50 Ft.	Ft.
Distance from lake or stream	Ft.	Ft.	Ft.
Distance from occupied building	10 Ft.	10 Ft.	Ft.
Distance from property line	10 Ft.	10 Ft.	Ft.
Distance from bottom to Water Table	Ft.	4 Ft.	Ft.

All distances are shortest distance between nearest points

CHARACTERISTICS:

Lot Area is 5 AC square feet. Water frontage is 1017 feet.
 Building set back from high water mark is N/A feet. (Building Line)
 Land height above high water mark at building line is 10 feet
 Building set back from State highway is feet - from road or street is feet.
 Side yard is 10 and 0.1 x 10 feet. Rear yard is feet.
 Building will be located 50 feet from septic tank (Sewage System Permit must be obtained before installation).
 Building will be located 60 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 9-2-77 Signature of Owner + Duane P. Stander

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 9-2-77
 Permit Fee \$ 10 State Surcharge \$ 50
 Becker County Zoning Administrator + Floyd Sweeney

Comments: pd 9-2-77 - Rec'd by mail

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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 _____

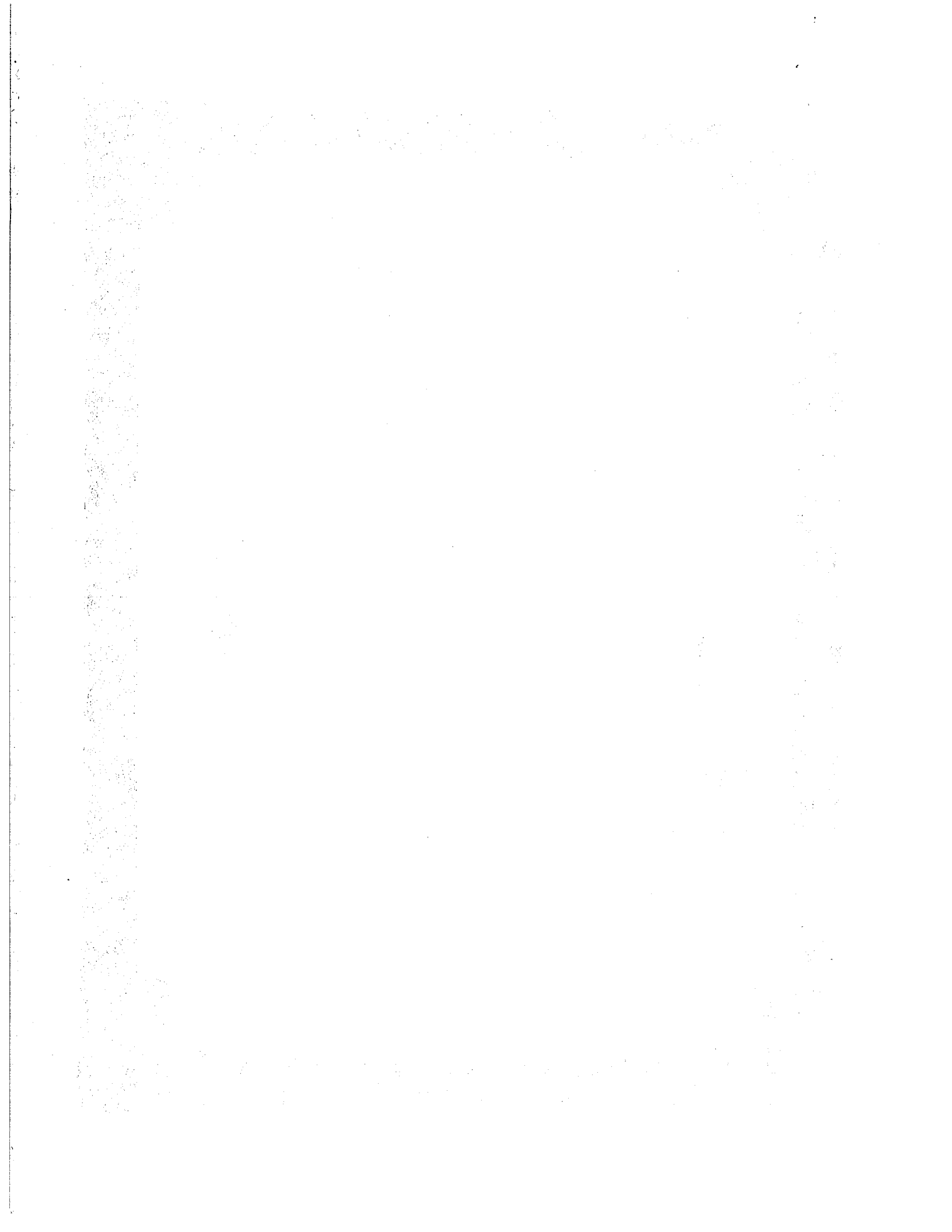
Address _____

Permit No. SP _____

Signed by:

W. J. Swartz

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

Bed 10x36

CATEGORY	SEPTIC TANK		SEEPAGE PIT		DRAIN FIELD	
	Actual	Should be	Actual	Should be	Actual	Should be
Capacity	1000 Gls	1000 Gls	360 SF	SF	SF	SF
Distance from Nearest Well	60 F	50 F	75 F	50 F	F	50 F
Distance from Lake or Stream	F	F	F	F	F	F
Distance from Occupied Building	54 F	10 F	76 F	20 F	F	20 F
Distance from Property Line	<i>Occ</i> 70 F	10 F	100 F	10 F	F	10 F
Distance from Bottom to Water Table	F	F	4 F	4 F	F	4 F

Inspector's Comments: *Joe Slings Installer*

INTERPRETATION OF ABBREVIATIONS

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

March Kachuk
Inspector's Signature

Inspection Dated: *9-16-1977*

Title _____
Agency _____

LEGAL DESCRIPTION AND LOCATION

Lake No. _____ Lake Name _____ Lake Classification _____ Soil _____ TWP _____ Range _____ WWP No. _____

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:	RESIDENTIAL PROPOSED USE:	NON-RESIDENTIAL PROPOSED USE:
() New Building () Alteration () Other _____	() One Family Dwelling () Multiple Dwelling _____ Units	Specify _____ Size _____

ESTIMATED COST OF IMPROVEMENTS _____ Construction Starting Date _____

PRINCIPAL TYPE OF FRAME:	TYPE OF SEWAGE DISPOSAL:	DIMENSIONS:
() Masonry () Wood Frame () Structural Steel () Other — Specify _____	() Public () Individual Septic Tank, etc. WATER SUPPLY: () Public () Individual Well MECHANICAL EQUIPMENT: Elevator: () Yes () No Air Conditioning: () Yes () No () Control () Unit	Basement: () Yes () No Stories above Basement: _____ Sq. feet (omit decimal portion) _____ Bedrooms: _____ Bath: _____ HEATING: () Electric () Gas () Oil () Coal () None Other _____

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

All distances are shortest distance between nearest points.

CHARACTERISTICS:

Lot Area is _____ Square Feet Water front is _____ feet

Building setback from high water mark is _____ feet (Building line)

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

Building setback from State highway is _____ feet (from road or street) _____ feet

Side yard is _____ feet Heavy walls _____ 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, Drain field, etc.)

Agreement: I hereby certify that the information contained herein is correct and I agree to the proposed work in accordance with the details to be above set forth and according to the provisions of the ordinances of Becker County, Minnesota, and I 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 24 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 and the 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 _____