BECKER C

490001630

Permit Number 4 - 15,408 - 30 / 12 - 15,408 - 30 Date 2-23-87

Building Used M.H. Sewage System 1000 Gls. + 300 S.F.

Township Detroit Sec. 22 Description T139N R41W Government Lot 7

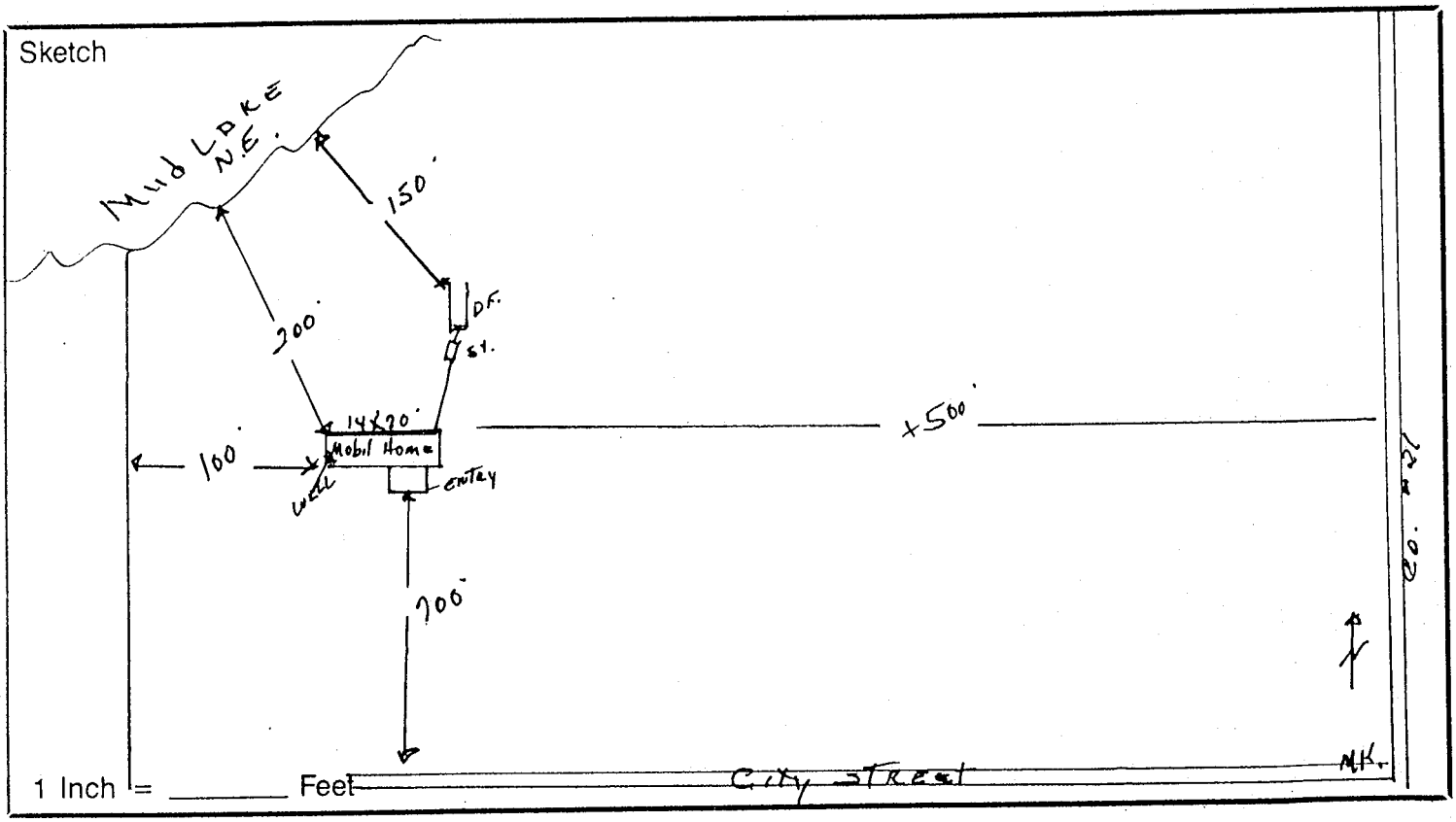
Work Authorized Used M.H. 14'X70' Entry 12'X12' Septic Tank 1000 gls - Seepage Bed - +300 S.F.

Issued to: Name Gerald Cleveland

Address: RR2 Box 430 Town Detroit Lakes

State MN Zip 56501

Sketch



1 Inch = _____ Feet

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 (847-4427) 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.

Lloyd Swenby

Becker County Zoning Administrator

BECKER COUNTY
DETROIT LAKES, MN 56501

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

BECKER COUNTY ZONING ADMINISTRATION

829 LAKE AVE., BOX 787 — Phone 218-847-4427 — Detroit Lakes, Minn. 56501

Permit No 10-1022-C Date 10-23-89

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

2947 /

LEGAL DESCRIPTION AND LOCATION: 70 AC. FARM

FIRE NUMBER

Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name
N/A	N/A	N/A	23	139	41	Detroit

IDENTIFICATION: Please Print All Information

	Last Name First Initial	Mailing Address– No. Street, City and State	Zip No.	Tel. No.
Owner	CLEVELAND, GERALD	R2 BOX 430		
		DETROIT LAKES, MN.	5650	1
Contractor	Name TIM STENGER	D. L. MN.		

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

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

NON–RESIDENTIAL PROPOSED USE:
Specify:
Size:

ESTIMATED COST OF IMPROVEMENT $

Construction Starting Date:

PRINCIPAL TYPE OF FRAME & BUILDING
( ) Masonry ( ) New Home
( ) Wood Frame ( ) Garage
( ) Structural Steel ( ) Mobile Home
( ) Other – Specify Year
( ) Cottage
( ) Septic System
Type of Roof: ( ) Other

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

WATER SUPPLY:
( ) Public (X) Individual Well
Type Depth

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

DIMENSIONS:
Basement: ( ) Yes (X) No
Stories above basement:
Sq. feet (outside dimension)
Bedrooms 4 Baths 1

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

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE ~~PIT~~	DRAIN FIELD
Capacity	1250 Gls.	500 Sq. Ft.	Sq. Ft.
Distance from nearest well	75 Ft.	75 Ft.	Ft.
Distance from lake or stream	N/A Ft.	N/A 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 70- AC- square feet. Water frontage is N/A feet.

Building set back from high water mark is N/A feet. (Building Line)

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

Building setback from ( ) State - (X) County - ( ) Township Highway +150 feet from the ( ) Center Line - (X) Right of Way

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 +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 10-23-89

Signature of Owner

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

Floyd Svenby mg.
Becker County Zoning Administrator

Permit Fee $ 30.00 State Surcharge $ .50 Cormorant 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.		S F		S F	S F		S F
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

_____
Inspector's Signature

_____
Title

Inspection
Dated _____ 19

_____
Agency

CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this 6 *day of* December *19* 89 ,

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

The premises covered by this certificate are legally described as:

Lake No. _____ *Sec.* 23 *Twp.* 139 *Range* 41 *Twp. Name* Detroit

	SEPTIC TANK	SEEPAGE BED
CAPACITY	1000 gls	500 SF
DISTANCE FROM NEAREST WELL	+ 100 F	+100 F
DISTANCE FROM LAKE OR STREAM	N/A	N/A
DISTANCE FROM OCCUPIED BUILDING	+ 20 F	+ 30 F
DISTANCE FROM PROPERTY LINE	+ 20 F	+ 20 F
DISTANCE FROM BOTTOM TO WATER TABLE		+ 4 F

Owner: *Name* GERALD CLEVELAND

Address RR 2 BOX 430
DETROIT LAKES MN 56501

Zip No. _____

Permit No. SP 12-18,300-30 9643

Sandy Subsoil 20 yds rock

Signed by: _____

Zoning Administrator
Becker County, Minnesota

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~~ Bed				DRAIN FIELD			
	Actual		Should be		Actual		Should be		Actual		Should be	
Capacity	1000	Gls.		Gls.	500	S F		S F		S F		S F
Distance from Nearest Well	+100	F		F	+100	F	75	F		F	50	
Distance from Lake or Stream	N/A	F		F	N/A	F		F		F		F
Distance from Occupied Building	+20	F	10	F	+30	F	20	F		F	20	F
Distance from Property Line	+20	F	10	F	+20	F	10	F		F	10	F
Distance from Bottom to Water Table	--	F	--	F	+4	F	4	F		F	4	F

Inspector's Comments: Stenger Installer – Sandy [illegible] Soil 20 yds Rock.

INTERPRETATION OF ABBREVIATIONS

Gls — Gallons
SF — Square Feet
F — Linear Feet

Mark Kuehnel
Inspector's Signature

Title

Agency

~~Inspection~~
Dated 11 - 2 1989

Yellow — Owner
Pink — Assessor
Goldenrod — Inspector

BECKER COUNTY ZONING ADMINISTRATION

829 LAKE AVE., BOX 787 — Phone 218-847-4427 — Detroit Lakes, Minn. 56501

Permit No. _____ Date 10 · 23 · 89

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY

2947

LEGAL DESCRIPTION AND LOCATION: To NC. Twin

FIRE NUMBER _____

Lake No.	Lake Name	Lake Classif.	Sec.	TWP	Range	TWP Name
N/A	N/A	L/M	23	139	41	Detroit

IDENTIFICATION: Please Print All Information

	Last Name First Initial	Mailing Address— No. Street, City and State	Zip No.	Tel. No.
Owner	Cleveland, Gerald	62 Box 430		
		Detroit Lakes Mn.	5661	
Contractor	Name Tim Stenger	D. L. Mn.		

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

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

NON-RESIDENTIAL PROPOSED USE:
Specify: _____
Size: _____

ESTIMATED COST OF IMPROVEMENT $ Construction Starting Date:

PRINCIPAL TYPE OF FRAME & BUILDING
( ) Masonry ( ) New Home
( ) Wood Frame ( ) Garage
( ) Structural Steel ( ) Mobile Home
( ) Other — Specify Year _____
( ) Cottage
( ) Septic System
( ) Other _____

Type of Roof: _____

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

WATER SUPPLY:
( ) Public ( ) Individual Well
Type _____ Depth _____

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

DIMENSIONS:
Basement: ( ) Yes (X) No
Stories above basement: .....
Sq. feet (outside dimension) .....
Bedrooms ..4.. Baths ..1..

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

SEWAGE DISPOSAL SYSTEM DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD
Capacity	1250 Gls.	500 Sq. Ft.	Sq. Ft.
Distance from nearest well	75 Ft.	75 Ft.	Ft.
Distance from lake or stream	N/A Ft.	N/A 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 To. NC. square feet. Water frontage is N/A feet.

Building set back from high water mark is N/A feet. (Building Line)

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

Building setback from ( ) State - (X) County - ( ) Township Highway 150 feet from the ( ) Center Line - (X) Right of Way

Side yard is 10 and To. NC. 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 10 · 23 · 89

Signature of Owner

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 _____

Becker County Zoning Administrator

Permit Fee $ 30.00 State Surcharge $ .50 Cormorant Surcharge $ _____

Comments: _____

BECKER COUNTY

Building Permit No. _____ Sewage System Permit No. 12-18300-30

Township DETROIT Sec. 23 Description T139N R41W
NW1/4 of SW1/4 EX 1.06AC IN NW Cor & SW1/4 of SW1/4 LESS 1.06AC
M.C. FARM IN SEC 23

Work Authorized SEWER SYSTEM —

Contractor STEVENS

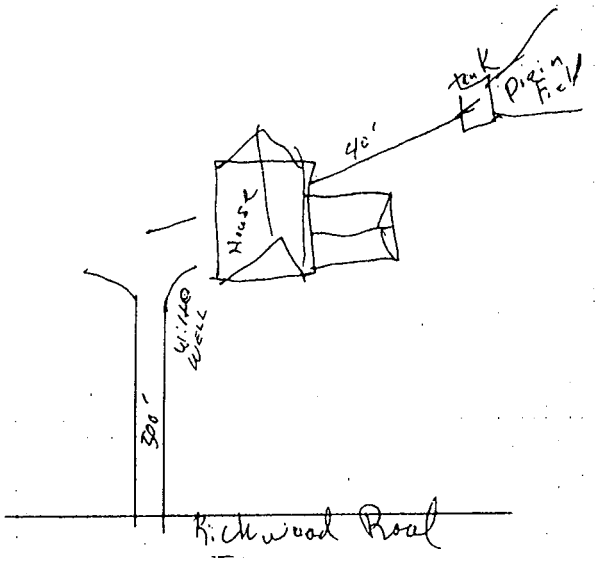
TYPE OF IMPROVEMENT: ( ) New Building ( ) Alteration Other _____
Stories _____ Basement ( ) Yes ( ) No

RESIDENTIAL PROPOSED USE: (✓) One Family Dwelling ( ) Multiple Dwelling _____ Units
Bedrooms 4 Bathrooms 1

NON-RESIDENTIAL PROPOSED USE: Specify: _____ Size: _____

Issued to: Name GERALD CLEVELAND Ph. No. _____
Address: RT 2 - BOX 430 Town DETROIT LAKES, MN.
State MN. Zip 56501 Fire Number _____

Sketch



1 Inch = _____ Feet

HORIZONTAL DISTANCE IN FEET FROM NEW CONSTRUCTION TO:

High Water Mark of Lake _____
Side Lot Lines _____
Center Line of Public Road _____
Well Depth _____ Other _____
APPROVED: Board of Adjustment Date: _____
Planning Commission Date _____
County Commissioners Date: _____

SEWAGE DISPOSAL SYSTEM DATA

Installed in 19 89	Septic Tank	Drain Field
Capacity	1250 Gls.	500 Sq. Ft.
Distance from nearest well	+75 Ft.	+75 Ft.
Distance from lake or stream	N/A Ft.	N/A Ft.
Distance from occupied building	+10 Ft.	+10 Ft.
Distance from property line	+10 Ft.	+10 Ft.
Distance from botton to Water Table	Ft.	+4 Ft.

Lift Pump ( ) Yes (✓) No

AGREEMENT: I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS CORRECT AND AGREE TO DO THE PROPOSED WORK IN ACCORDANCE WITH THE DESCRIPTION ABOVE AND ACCORDING TO THE PROVISIONS OF THE ORDINANCE OF BECKER COUNTY. I AGREE TO POST THIS PERMIT ON THE PREMISES ON WHICH THE WORK IS TO BE DONE. AND MAINTAINED THERE UNTIL COMPLETION OF THE WORK. I AGREE THAT ANY VIOLATION OF THIS PERMIT OR THE BECKER COUNTY ZONING IS A MISDEMEANOR AND UPON CONVICTION THEREOF SHALL BE PUNISHED BY A FINE NOT TO EXCEED $700.00 FOR EACH VIOLATION. NOTIFY THE BECKER COUNTY ZONING ADMINISTRATOR (847-4427) 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.

_____
SIGNATURE OF OWNER

Received By M Kuehne Date 10-23-89

Approved By Floyd Svenby my
Becker County Zoning Administrator

BECKER COUNTY
DETROIT LAKES, MN 56501

DESIGN PAD

BECKER COUNTY

Department _____

Becker County Courthouse

Detroit Lakes, MN 56501

Subject _____

Name _____

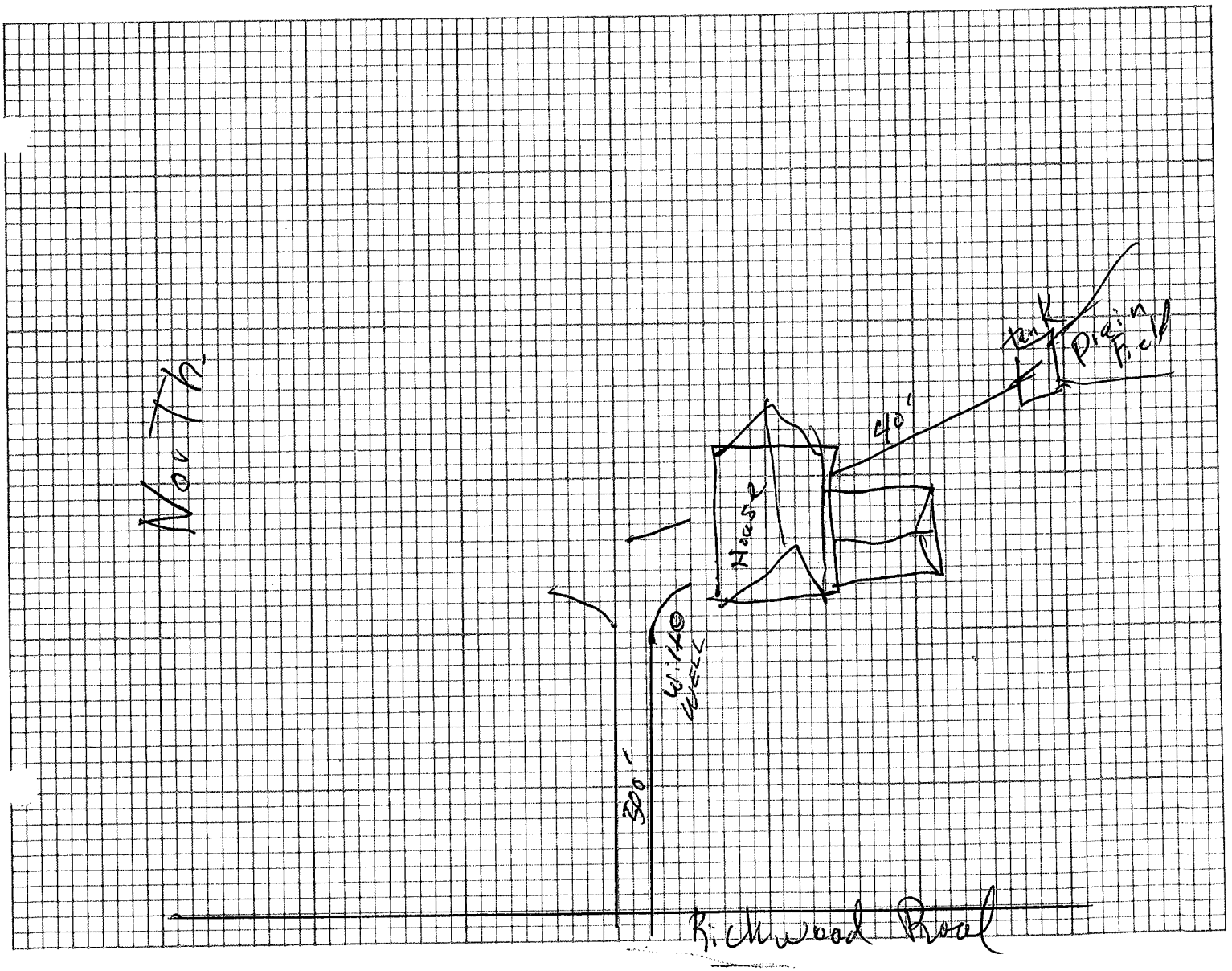
Address _____

Town _____ State _____ Zip _____ Date _____

Location or Legal Description _____

Remarks:

Signature _____



CERTIFICATE OF COMPLIANCE
SEWAGE SYSTEM

This certificate has been issued this 21 *day of* JULY *19* 87,

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

The premises covered by this certificate are legally described as: GOVERNMENT LOT 7

Lake No. 402 *Sec.* 22 *Twp.* 139 *Range* 41 *Twp. Name* DETROIT

	SEPTIC TANK	SEEPAGE BED
CAPACITY	1000 GLS	375 SF
DISTANCE FROM NEAREST WELL	60 F	90 F
DISTANCE FROM LAKE OR STREAM	+150 F	+150 F
DISTANCE FROM OCCUPIED BUILDING	30 F	60 F
DISTANCE FROM PROPERTY LINE	+10 F	+10 F
DISTANCE FROM BOTTOM TO WATER TABLE		4 F

Owner: Name GERALD CLEVELAND

Address RR 2 DETROIT LAKES, MN

Zip No. 56501

Permit No. SP 12-15,408-30

14 YD. ROCK, SANDY CLAY SUB SOIL.

Signed by: Floyd Hively

Zoning Administrator
Becker County, Minnesota

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~~ Bed				DRAIN FIELD		
	Actual		Should be		Actual		Should be		Actual	Should be	
Capacity	1000	Gls.		Gls.	~~400~~	S F	325	S F	S F		S F
Distance from Nearest Well	~~75~~	F	60	F	90	F	75	F	F	50	F
Distance from Lake or Stream	~~100~~	F	~~100~~ +50	F	~~100~~	F	~~100~~ +50	F	F		F
Distance from Occupied Building	36	F	30 10	F	~~20~~	F	60 20	F	F	20	F
Distance from Property Line	40	F	10	F	40	F	10	F	F	10	F
Distance from Bottom to Water Table	—	F	—	F	4	F	4	F	F	4	F

Inspector's Comments: 14 yds Rock - Sandy clay soil soil - ~~[illegible]~~ Merle Hough Installer, put a foot of Gravel on Bottom of bed befor Installing Rock

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

Mark Kuehne
Inspector's Signature

Title

Inspection Dated 6-8 19 87

Agency

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

BECKER COUNTY ZONING ADMINISTRATION

829 LAKE AVE., BOX 787 — Phone 218-847-4427 — Detroit Lakes, Minn. 56501

Permit No. _____

Date _____

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
402			22			

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 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 ..... Baths .....

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

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 construction).

Building will be located ..... feet from soil absorption system (Cesspool, Drainfield, etc.).

APPROVED
FEB 21 1987

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 2-23-87

Signature of Owner

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.

MUST BE POSTED AT THE BUILDING SITE

Dated 2-27-87

Becker County Zoning Administrator

Permit Fee $ 25.00 State Surcharge $ _____

Comments: