## TOWN OF NEWELL INSTRUCTIONS FOR BUILDING PERMIT APPLICATION

108 Third Street – PO Box 405 Newell, SD 57760 Phone: 605-456-2737 Fax: 605-456-9820

FIIONE: 005-450-2737 Tax: 005-450-9020

Building Permits. - Any person, persons, firm or corporation desiring to construct a new building or to repair or remodel to the extent of fifty per cent of the original value any old building or move any old building within the corporate limits of the city of Newell shall make application for a permit therefor to the department of building inspection, which application shall state the name of the owner of the building, the exact location where the building is to be constructed or repairs made, the dimensions and the material and the use to which said building is to be devoted. In case of moving a building such application shall state its present location and the exact location to which it is desired to move the building.

Building permit applications should be submitted to the Finance Office at the address above. Building permit applications will be reviewed and processed by the Building Inspector. Building permit applications must be submitted two weeks prior to starting your project.

WARNING TO OWNER: No work or installation can commence prior to the issuance of a permit or you may be subject to a fine and/or be required to remove such work or installation.

To avoid delays please submit the following information with the application for any new construction, additions or alterations.

- 1. Site Plan show all proposed construction with dimensions of buildings and distances to front, side and rear property lines.
- 2. Building Plans show footing, foundation, floor plans, and elevations.

BUILDING PERMIT FEES EFFECTIVE 2/13/2007			
Total Cost of Construction (round all costs to the nearest \$1,000.00)	Fee		
\$0.00 - \$1,000.00	\$10.00		
\$1,001.00 TO \$5,000.00	\$20.00		
\$5,001.00 to \$20,000.00	\$30.00		
\$20,001.00 to \$50,000.00	\$40.00		
\$50,001.00 and up	\$50.00		

The Town of Newell is an equal opportunity provider and employer.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD)."

<sup>&</sup>quot;In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs.)

## TOWN OF NEWELL MANUFACTURED HOME BUILDING PERMIT APPLICATION

PO Box 405 • 108 Third Street • Newell, SD 57760 Phone: 605-456-2737 • Fax: 605-456-9820 Permit No:

Permit Cost:

Permit must be paid after approval.

This permit becomes null and void if work or construction authorized is not commenced within 60 days, if suspended or abandoned for 180 days after commencement or if not completed within one year from date of issue. Council may grant an extension due to extenuating circumstances.

BUILDING ADDRESS:			
LEGAL DESCRIPTION:	Lot:	Block:	Addition:
ZONING CLASSIFICATIO	N:		
SIZE OF MANUFACTURE			feet Total Floor Area (SQ FT)
	No. of Stories:	Basement: 🗆 No	□ Yes if yes, size:
	Manufacture Year:	Doublewide:	or Singlewide:
	1. Lot width:	- Upda Saljawa	
	2. Lot depth:		,
	3. Lot area:		
ž	4. Height of structure:		
	5. Yard set backs (dista	nce from lot line)	2
	a. Front yard:		_
	b. Side yard: _		_
	c. Rear yard:		_
	6. Do you own the lot?		_
	7. Do you own the Man	ufactured Home?	
	8. Type of Foundation:	19	
	9. How is it Anchored:		
	10. Type of Roof:		
	11. Type of Siding:		
Cost of Alterations, additions	or value of new structure: \$		P
AME OF OWNER:		•	
resent Address:			
ity:		State:Zip:	Phone:
ENERAL CONTRACTOR:			
ddress:			
			Phone:
LECTRICIAN:			
ddress:			
ty:		State: Zip:	Phone:
LUMBER:			
ldress:			

State: \_\_\_\_ Zip: \_\_\_\_

City:

Phone:

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I hereby acknowledge that I have read this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

Applicant:	Date:		
Approved by:	Date:		
Denied by:	Date:		
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