

**CITY OF BURLINGTON
BUILDING PERMIT APPLICATION**

Date Issued June 25, 2017 Permit # 796
 Name (owner) Brandon and Rachel Karhoff Contractor: _____
 Job/Property Address 5321 96th St NW, Burlington, ND 58722
 Legal Description _____

Flood Plain Approval City: _____ Township _____
 signature _____ signature _____

Type of Work	Foundation	Structure	signature		
			Burlington Township	Andy Fimrite	Phone 725-4675
<input type="checkbox"/> Demolish	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Masonry	Kirkelie Township	Derrill Fick	725-4357
<input checked="" type="checkbox"/> Enlarge	<input type="checkbox"/> Masonry	<input type="checkbox"/> Pole	Roof		
<input type="checkbox"/> Erect	<input type="checkbox"/> Piers	<input type="checkbox"/> Steel	<input checked="" type="checkbox"/> Asphalt or Wood Shingles	Built Up _____ Shakes	
<input type="checkbox"/> Move	<input type="checkbox"/> Wood	<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Metal	_____ Ties	
<input type="checkbox"/> Remodel	Flood Elevation Certificate required? <u>yes - attached</u>				
<input type="checkbox"/> Repair	To be used for: <u>Single family Addition</u>				

FOUNDATION:	FRAME:	Size	Spacing	Span
Wall Thickness <u>6 inch</u>	Joists - 1st Floor	_____	_____	_____
Size of Footing _____	Joists - 2nd Floor	_____	_____	_____
Depth in Ground _____	Joists - Ceiling (Trussed)	_____	_____	_____
INTERIOR SUPPORTS:	Rafters (Trussed)	_____	_____	_____
Columns: Wood _____	Exterior Studs	_____	_____	_____
Pipe _____	Interior Studs	_____	_____	_____
Girders: Wood _____	Bearing Wall Studs	_____	_____	_____
Steel _____	Bracing	_____	_____	_____
Bearing Walls: _____	COVERING:	_____	_____	_____
Block _____	Exterior Walls	_____	_____	_____
Wood _____	Interior Walls	_____	_____	_____
	BUILDABLE SPACE:	_____	_____	_____

LOT SIZE:			INSPECTION FEE: <u>60</u>	
Main Floor	<u>1025</u> x \$140 =	<u>144000</u>	Aid to New Const Fee	
2nd Floor	_____ x \$80 =	_____	Single Family Dwelling	_____
Fin. Basement	_____ x \$80 =	_____	Townhouse	_____
Unfin. Basement	_____ x \$40 =	_____	Apartment	_____
Det. Garage	_____ x \$40 =	_____	Commercial/Industrial	_____
Att. Garage	_____ x \$55 =	_____	Manufactured Homes:	
Deck	_____ x \$30 =	_____	Certified Installer/Inspector Name: _____	
Crawlspace	<u>1025</u> x \$40 =	<u>41</u>	Registration Number: _____	
Fireplace	_____ 3000 =	_____	TOTAL AMOUNT DUE: \$ <u>622</u>	
TOTAL COSTS		<u>\$ <u>185,000</u></u>		
PERMIT FEE	\$	<u>562</u>		

I hereby acknowledge that I have made this application and that the above information is correct. I agree to comply with all City Ordinances and State Laws regulating building construction. I understand that the permit shall be issued after the Building Inspector has had a reasonable time to examine the application and amendments thereto and the location or building site. I understand it is my responsibility to contact the State for electrical and plumbing inspections. Separate permits are required for electrical, plumbing and mechanical (HVAC). Work under this permit must commence within 180 days of permit issuance and, once commenced, work may not be suspended for more than 60 days. Permittee must comply with all codes and ordinances applicable to the work. Issuance of this permit does not grant any authority to erect, modify or use any structure in violation of any code or ordinance. All required inspections, including final inspection, must be requested by the Permittee. In consideration for connection to City utilities, Permittee agrees to pay all applicable utility fees and charges pursuant to City Ordinance. This permit creates no warranties with regard to construction or code compliance. Any inspection under this permit are for the benefit of the public and not the permit recipient and any inspections do not create a duty to the permit recipient, the owner or to a subsequent purchaser with regard to quality of construction or code compliance.

Signature [Signature] Phone # 701-721-4292

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION						FOR INSURANCE COMPANY USE
A1. Building Owner's Name Brandon and Rachel Karhoff					Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5321 96th St NW					Company NAIC Number:	
City Burlington		State ND		ZIP Code <input checked="" type="checkbox"/> 58722		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Outlot #3, Section 39, T156N., R84W						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential						
A5. Latitude/Longitude: Lat. 48°17'24.1"N Long. 101°26'32.15"W Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983						
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.						
A7. Building Diagram Number 1						
A8. For a building with a crawlspace or enclosure(s):						
a) Square footage of crawlspace or enclosure(s) _____ sq ft						
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____						
c) Total net area of flood openings in A8.b _____ sq in						
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No						
A9. For a building with an attached garage:						
a) Square footage of attached garage _____ sq ft						
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____						
c) Total net area of flood openings in A9.b _____ sq in						
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No						
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number 380650				B2. County Name Ward		B3. State ND <input checked="" type="checkbox"/>
B4. Map/Panel Number 38101C0565D	B5. Suffix	B6. FIRM Index Date 1-19-2000	B7. FIRM Panel Effective/ Revised Date 1-19-2000	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 1587	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____						
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____						
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA						

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.		FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>5321 96th St NW</u>		Policy Number:
City <u>Burlington</u>	State <u>ND</u>	ZIP Code <input checked="" type="checkbox"/> <u>58722</u>
		Company NAIC Number

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: KLJ #1 Vertical Datum: NGVD 1929

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

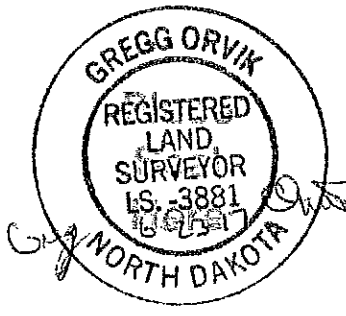
Check the measurement used.

- | | | |
|--|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor <u>1590.1</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments.

Certifier's Name <u>Gregg Orvik</u>	License Number <u>ND LS-3881</u>	
Title <u>Land Surveyor</u>		
Company Name <u>KLJ</u>		
Address <u>2900 10th St SW Suite A</u>		
City <u>Minot</u>	State <u>ND</u>	
Signature <u>Greg Orvik</u>	Date <u>6-23-17</u>	Telephone <u>701-839-3383</u>
Ext.		

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)