

**CITY OF BURLINGTON
BUILDING PERMIT APPLICATION**

Date Issued Oct 2, 2017 Permit # 805
 Name (owner) Casey BFA Contractor: Self
 Job/Property Address 9326 S Project Rd
 Legal Description Outlot 12 Section 35 Ward 6

*Approved
10-2-17*

Flood Plain Approval City: _____ Township: _____

		signature			signature
Type of Work	Foundation	Structure	Burlington Township	Andy Fimrite	Phone
<input type="checkbox"/> Demolish	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Masonry	Kirkelie Township	Derrill Fick	725-4675
<input checked="" type="checkbox"/> Enlarge	<input type="checkbox"/> Masonry	<input type="checkbox"/> Pole	Roof		725-4357
<input type="checkbox"/> Erect	<input type="checkbox"/> Piers	<input type="checkbox"/> Steel	<input checked="" type="checkbox"/> Asphalt or Wood Shingles		
<input type="checkbox"/> Move	<input type="checkbox"/> Wood	<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Built Up	<input type="checkbox"/> Shakes	
<input checked="" type="checkbox"/> Remodel			<input type="checkbox"/> Metal	<input type="checkbox"/> Ties	
<input type="checkbox"/> Repair			<input type="checkbox"/> Shakes		

Flood Elevation Certificate required? yes
 To be used for: 42x50 Single Family Addition

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

LOT SIZE:	INSPECTION FEE: <u>60</u>
Main Floor <u>1716</u> x \$140 = <u>\$115,000</u> <i>Midwest Appraisal</i>	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 = _____	
Deck _____ x \$30 = _____	
Crawlspace _____ x \$40 = _____	
Fireplace _____ 3000 = _____	
TOTAL COSTS \$ <u>115,000</u>	
PERMIT FEE \$ <u>352</u>	Manufactured Homes:
	Certified Installer/Inspector Name: _____
	Registration Number: _____
	TOTAL AMOUNT DUE \$ <u>412</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 Casey BFA Phone # 761-509-1302

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name Casey Hoff		FOR INSURANCE COMPANY USE	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 9320 South Project Road		Policy Number:	
City Burlington State ND ZIP Code 58722		Company NAIC Number:	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Outlot 12 of Section 35, T 156 N, R 84 W, Ward County, North Dakota			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential			
A5. Latitude/Longitude: Lat. 48.287743° Long. 101.439655°		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" 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 2A			
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:	
a) Square footage of crawlspace or enclosure(s) 720 sq ft	a) Square footage of attached garage NA sq ft		
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 0	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0		
c) Total net area of flood openings in A8.b 0 sq in	c) Total net area of flood openings in A9.b 0 sq in		
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number Burlington, Township of / 380650		B2. County Name Ward County		B3. State North Dakota	
B4. Map/Panel Number 0565	B5. Suffix D	B6. FIRM Index Date January 19, 2000	B7. FIRM Panel Effective/Revised Date January 19, 2000	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 1585.2
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)? Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

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: GASSINAPP Vertical Datum: NGVD29
 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)	1578.10	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	1585.69	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	NA, NA	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	NA, NA	<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)	1578.10	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	1583.0	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	1583.7	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	1583.0	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters

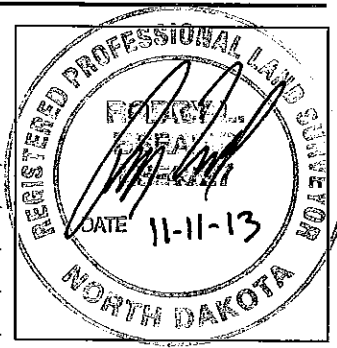
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Check here if attachments.

Certifier's Name Robby L. Berard	License Number LS-4727
Title Land Surveyor	Company Name Ackerman Surveying & Associates
Address 1907 17 th St SE	City Minot State ND ZIP Code 58701
Signature <i>[Signature]</i>	Date 11-11-13 Telephone 701-838-0786



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.
9320 South Project Road

Policy Number:

City Burlington

State ND

ZIP Code 58722

Company NAIC Number:

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments

Signature

Date 11-11-13

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
 - a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner's or Owner's Authorized Representative's Name Robby L. Berard - Ackerman Surveying & Associates

Address 1907 17th St SE

City Minot

State ND

ZIP Code 58701

Signature

Date 11-11-13

Telephone 701-838-0786

Comments

Check here if attachments.

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
-------------------	------------------------	---

- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters Datum _____
- G10. Community's design flood elevation: _____ feet meters Datum _____

Local Official's Name

Title

Community Name

Telephone

Signature

Date

Comments

Check here if attachments.