



THE CITY OF WATFORD CITY  
213 2<sup>ND</sup> ST NE / PO BOX 494  
WATFORD CITY, NORTH DAKOTA

# PERMIT RENEWAL APPLICATION

## REQUIREMENTS

RENEWAL FEE:  
\$20.00 /PERMIT

Expired permits may be renewed provided no changes have been made to the scope of the project, plans, or specifications for which the permit was originally issued. If original permit cards are available, the cards must be submitted with this application.  
*City of Watford City Municipal Code of Ordinances: CHAPTER XV ZONING ORDINANCE, ARTICLE XXIX SECTION 2, SUBSECTION C*

## PERMIT INFORMATION

PERMIT NUMBER(S):

ORIGINAL ISSUE DATE:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

- HAVE ORIGINAL PERMIT CARD(S)  
 NEED NEW PERMIT CARD(S)

PERMIT TYPE:

- |   |  |
|---|--|
| <input type="checkbox"/> COMMERCIAL BUILDING PERMIT | <input type="checkbox"/> OTHER/GENERAL PERMIT        |
| <input type="checkbox"/> CONSTRUCT/REPAIR PERMIT    | <input type="checkbox"/> RESIDENTIAL BUILDING PERMIT |
| <input type="checkbox"/> DEMOLITION PERMIT          | <input type="checkbox"/> SEPTIC PERMIT               |
| <input type="checkbox"/> EXCAVATION PERMIT          | <input type="checkbox"/> SIGN PERMIT                 |
| <input type="checkbox"/> FENCE PERMIT               | <input type="checkbox"/> STORAGE PERMIT              |
| <input type="checkbox"/> MOVING PERMIT              | <input type="checkbox"/> WATER & SEWER ACCESS PERMIT |

## PROPERTY INFORMATION

PROPERTY ADDRESS:

PARCEL NUMBER:

SUBDIVISION:

LOT #

BLOCK #

LEGAL DESCRIPTION: (SECTION, TOWNSHIP, RANGE)

## PROPERTY OWNER INFORMATION

OWNER NAME:

PHONE NUMBER:

EMAIL:

MAILING ADDRESS:

## CONTRACTOR INFORMATION

CONTRACTOR BUSINESS NAME:

PHONE NUMBER:

EMAIL:

MAILING ADDRESS:

NORTH DAKOTA CONTRACTORS

LICENSE NUMBER: \_\_\_\_\_ CLASS: \_\_\_\_\_

WATFORD CITY CONTRACTORS

BUSINESS LICENSE NUMBER: \_\_\_\_\_

## APPLICANT INFORMATION

Same as Owner

APPLICANT NAME:

PHONE NUMBER:

EMAIL:

MAILING ADDRESS:

## DESCRIPTION

Please give a *detailed* description of the remaining work for all permits being renewed.

## PERMIT RENEWAL FEE:

# PERMITS \_\_\_\_\_ x \$20.00 RENEWAL FEE = \$ \_\_\_\_\_ TOTAL FEE

**NOTICE:** All applications, fees, and plans are subject to review, verification, and approval by the City Planning, Building, Engineering, and Public Works Departments prior to accepting payment and issuing permits. ALL PAYMENTS MADE TO THE CITY WILL BE NON-REFUNDABLE, NON-TRANSFERRABLE ONCE THE PERMIT IS ISSUED.



**DO NOT SEND PAYMENT UNTIL THIS APPLICATION HAS BEEN REVIEWED AND APPROVED BY THE CITY.**

## SIGNATURE

As the applicant, I certify that all information given on this application is correct, all City Ordinances and Building Codes will be complied with and Utility Companies have been notified as necessary (811). Inspections are a required part of the permitting process and I understand that as a permit holder, it is my responsibility to notify The City when any such inspections need to be performed. Thus, I hereby give authorization to City Staff to access the permitted property as necessary and certify that the structure or property will not be occupied without first obtaining proper inspection(s) and/or the issuance of a Certificate of Occupancy or Final Inspection from the City Building Official. I understand that the City Building Official has the right to withhold the Certificate of Occupancy/Final Inspection until all said requirements and conditions have been deemed satisfactorily completed and all fees associated with the permitting and/or inspection processes have been paid in full. I also understand that once my permits are issued, all payments made to The City will be non-refundable and non-transferrable.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### ▼ OFFICE USE ONLY ▼

#### BUILDING DEPARTMENT

REVIEW DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

APPROVED BY: \_\_\_\_\_

*Building Inspector Signature*

NOTES: \_\_\_\_\_  
\_\_\_\_\_

#### ENGINEERING DEPARTMENT

REVIEW DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

APPROVED BY: \_\_\_\_\_

*City Engineer Signature*

NOTES: \_\_\_\_\_  
\_\_\_\_\_

#### PUBLIC WORKS DEPARTMENT

REVIEW DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

APPROVED BY: \_\_\_\_\_

*Public Works Superintendent Signature*

NOTES: \_\_\_\_\_  
\_\_\_\_\_

**PAYMENT:**

INVOICE NUMBER: \_\_\_\_\_

DATE CREATED: \_\_\_\_/\_\_\_\_/\_\_\_\_ BY: \_\_\_\_\_

PAYMENT AMOUNT: \$ \_\_\_\_\_

CARD  CASH  CHECK # \_\_\_\_\_

PAYMENT DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PERMIT #:**

\_\_\_\_\_

ISSUE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ BY: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ENTERED: \_\_\_\_/\_\_\_\_/\_\_\_\_ BY: \_\_\_\_\_