

TOWN OF NEWELL
MANUFACTURED HOME BUILDING
PERMIT APPLICATION

PO Box 405 • 101 E Third Street • Newell, SD57760
Phone: 605-456-2737 • Fax: 605-456-9820
e-mail: newell@sdplains.com

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 CLASSIFICATION: _____

SIZE OF STRUCTURE HOME: **Width:** _____ **feet** **Length:** _____ **feet** **Total Floor Area (SQ FT)** _____

No. of Stories: _____ **Basement:** **No** **Yes** **if yes, size:** _____

Use of Structure _____

1. **Lot width:** _____

2. **Lot depth:** _____

3. **Lot area:** _____

4. **Height of structure:** _____

5. **Yard set backs (distance from lot line)**

 a. **Front yard:** _____

 b. **Side yard:** _____

 c. **Rear yard:** _____

6. **Do you own the lot?** _____

7. **Type of Foundation:** _____

8. **Type of Roof:** _____

9. **Type of Siding:** _____

Cost of Alterations, additions or value of new structure: \$ _____

NAME OF OWNER: _____

Present Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

GENERAL CONTRACTOR: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

ELECTRICIAN: _____

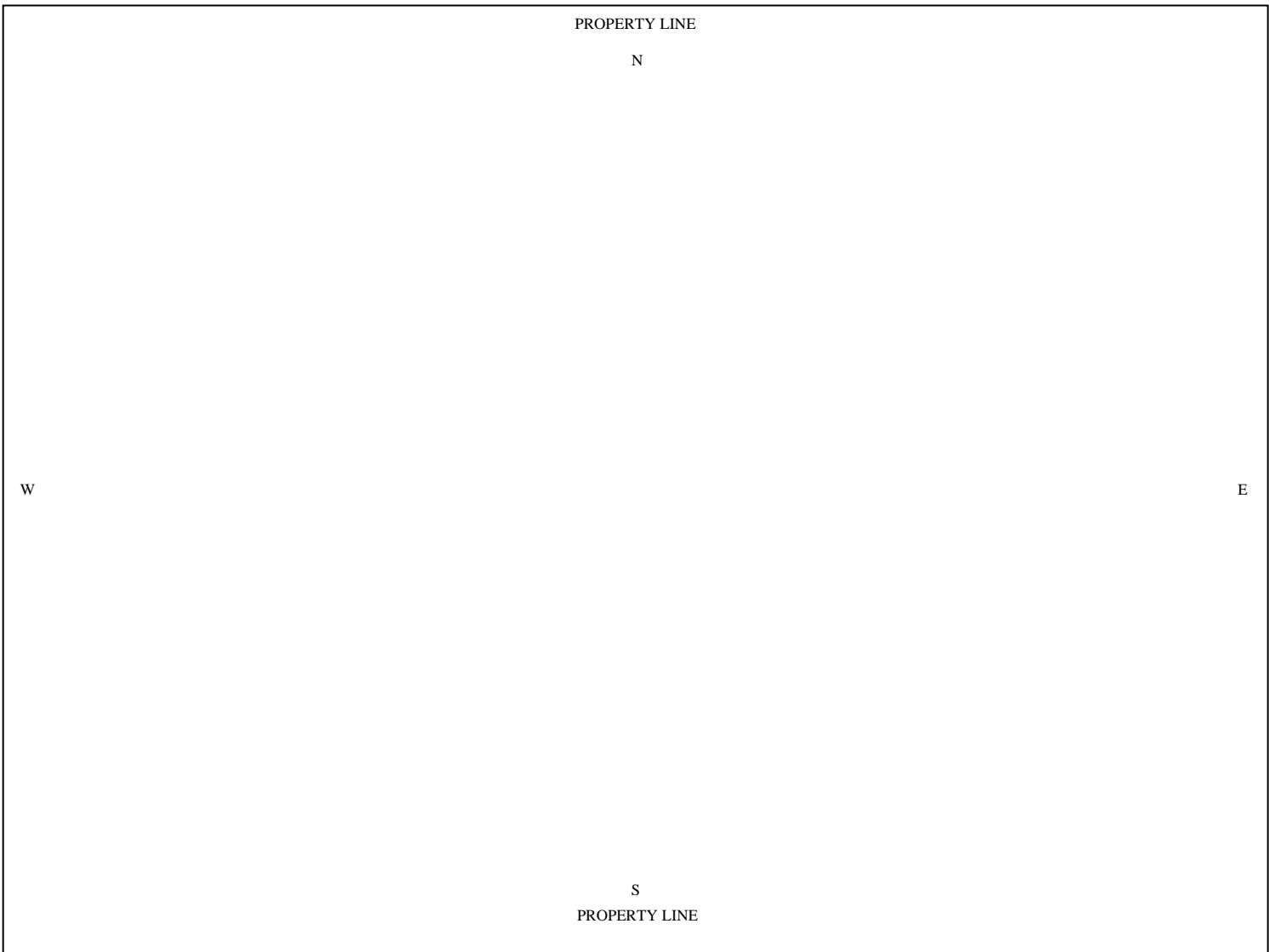
Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

PLUMBER: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____



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: _____

Property Owner: _____ Date: _____

Approved by: _____ Date: _____

Denied by: _____ Date: _____

Reason Denied: _____

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

"If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov."