## SHERIDAN COUNTY BUILDING PERMIT APPLICATION

Name of Applicant:				
Name of Owner(if dif	ferent):			
Mailing address:				
Daytime phone numb	er:	_		
Location of property:				
Lot(s)	Block	Subdivision		
Or			in	(Quarter)
Section	Township_		_Range	
If you plan to install a	a sewage system or ho	lding tank, your j	plan mus	t be submitted to the
Health Unit at (701) 8	Unit in Minot for their 352-1376.	approvai. Conta	ict David	Lundstrom at the
Estimated cost of con	struction:			
	1% of the cost of con 00 for residential prop			
MAKE CHEC	KS PAYABLE TO:	SHERIDAN CO	OUNTY	TREASURER
Return this applicatio PO Box 439, McClus	n and payment to the ky, ND 58463.	County Auditor,	Sheridan	County Courthouse,
Signature of A	pplicant		Date	