

**DUNN TOWNSHIP, COUNTY OF OTTER TAIL, STATE OF MINNESOTA**  
**APPLICATION FOR BUILDING PERMIT**

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Property Owner Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # (H) \_\_\_\_\_ (C) \_\_\_\_\_

Legal Description: \_\_\_\_\_

Section: \_\_\_\_\_ Township 137 Range 42 E911 Address: \_\_\_\_\_

Are you within 1000 lineal feet of any body of water? Yes \_\_\_ No \_\_\_

Name of body of water: \_\_\_\_\_

Have you contacted Otter Tail County for a building permit? Yes \_\_\_ No \_\_\_

General Contractor: \_\_\_\_\_

Proposed Project:

- \_\_\_ New Construction
- \_\_\_ Add On
- \_\_\_ Move In
- \_\_\_ Other

Type of Frame:

- \_\_\_ Wood
- \_\_\_ Steel
- \_\_\_ Masonry
- \_\_\_ Other

Usage:

- \_\_\_ Family Dwelling
- \_\_\_ Garage
- \_\_\_ Storage
- \_\_\_ Commercial
- \_\_\_ Other

Size: Width in Feet \_\_\_\_\_ Length in Feet \_\_\_\_\_ Height in Feet \_\_\_\_\_

Total Square Feet \_\_\_\_\_ ( Width x Length )

**Agreement:** I hereby certify that the information herein is correct and agree to do the work in accordance with the description set forth and according to the provisions of the ordinances of Dunn Township, Minnesota. I further agree that any plans and specification submitted with this application shall become a part of this permit application, and that I will comply with all State, Federal, and County regulations. I also understand that this permit shall expire 1 year ( one ) from the date of issue. Upon the township receiving this application, 2 township supervisors will inspect the said property above. After an inspection has been completed, it will be determined by the Township whether or not to grant a building permit.

Date: \_\_\_\_\_ Signature of Owner \_\_\_\_\_

Date: \_\_\_\_\_ Township Clerk \_\_\_\_\_

Date: \_\_\_\_\_ Township Supervisor \_\_\_\_\_

Date: \_\_\_\_\_ Township Supervisor \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

Supervisor Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**On the backside of this application please draw a description of the building project.**