City of Oxbow

Residential Plan Routing Information

BUILDING INSPECTIONS

Midwest Inspection Services 310 1st Ave SE Mapleton, ND 58059 701-532-1078

The plan holder must provide the following information as listed below. Failure to provide complete, sufficient and correct documentation may result delays to your project.

General Permit Application Requirements:

- Name, address and telephone number of person making application.
- Name, address and telephone number of person owning the property.
- Name, address and telephone number of Contractor, Designer and all subcontractors.
- Job description must indicate the entire scope of work to be completed (levels to be finished or unfinished, etc.)

Required Documents:

Provide a total of 2 sets of clearly marked plans with the following contents:

- 1. Residential Building Permit Application
- 2. Storm water Management Application
- 3. Approval letters if applicable.
- 4. A PDF copy of the construction drawings.
- 5. One complete set of engineered truss spec sheets.
- 6. (2) Copies of site plan to include: address, lot, block & addition, any and all easements & driveways.
- (2) Copies of construction drawings that include: elevations, dimensioned floor plans for all levels, foundation plan, cross section detail showing materials being used and insulation R-values.
- 8. Tall walls and braced wall lines are to be labeled and also a garage portal wall framing detail should be shown.
- 9. Professional engineered designs may be required if the plan review indicates the structure or parts thereof exceed the requirements of the Building Code (IRC & IBC)
- 10. If engineered designs are required they must have the original wet stamp signature of the design professional on them.
- 11. All construction drawings must be to a minimum 1/8" scale.



Residential Building Permit Application

BUILDING INSPECTIONS

Midwest Inspection Services 310 1st Avenue SE Mapleton, ND 58059 Phone: 701-532-1078

Phone: 701-532-1078 Fax: 701-532-1608

Please email completed applications to: midwestinspectionservicesnd@gmail.com Incomplete applications will cause delays in the routing/review and permitting process.

Project Title*:	Office use only:	
Address:		
Project Value:		
Project Description:		
Owner:	Contact Person:	
Address:	Phone: Fax:	
Address.	E-mail:	
Designer:	Contact Person:	
Address:	Phone: Fax:	
Address.	E-mail:	
General Contractor:	Contact Person:	
Address:	Phone: Fax:	
	E-mail:	
ND Contractor License No.		
Foundation Contractor:	Mechanical Contractor:	
Phone: E-Mail: ND Contractor License No.	Phone: E-Mail: ND Contractor License No.	
Excavator:	Yard Grading Contractor:	
Phone:	Phone:	
Plumbing Contractor:	Electrical Contractor:	
Phone:	Phone:	

TYPE OF IMPRO		molition	Repair
	y Dwelling ☐ Two Family Dwelling (Se uilding ☐ Deck ☐ Residing ☐ Lowe e Explain:)	•	Unit) Townhouse (Units)
BUILDING/STRU Width Ft. Basement Floor Main Floor Area Second Floor Area Third Floor Area Garage Floor Area	Depth Ft. Height Ft. Area SF Number of Bedroor SF Number of Bedroor ea SF Number of Bedroor SF Number of Bedroor	ms ms	Basement Finished ☐ Yes ☐ No
# of Units	HVAC EQUIPME	NT	TON'S/BTU's
North Property S East Property Se South Property S West Property S	etback Distance Ft. Front Getback Distance Ft. Front	Side	cent to Public Way cent to Public Way
Is the Building Lo Base Flood Elev	S FOR CONSTRUCTION IN FLOODP ocated in the Special Floodplain Hazard ation Ft. Flood Protection Elevat nt Form Submitted Yes No	d area? 🗌 Yes 🔲 No	(If yes complete the following) Map Revision Issued ☐ Yes ☐ No
For Office Use	Only		
Septic Permit Yes No	Required:		
Planning and P.U.D. Yes Date Approved	Zoning Approval: ☐ No Conditional Use ☐ Yes ☐ N	No Overlay District	Yes No
•	cknowledge that this application on. If you do no wish to electron	_	Permit, nor does it authorize the start of rint and sign application before
Signature of A	Applicant	Date	