

# Checklist for Commercial and Industrial Application



## Welcome to McKenzie County

Instructions for submitting a Building Permit Application

This application must be filled out completely and all supporting documents submitted at time of submittal.  
**Incomplete applications will not be accepted.**

Any questions, contact the following:  
 Building Questions 701-444-7496  
 Zoning Questions 701-444-6494

Completed?

	<b>All areas of application must be completed</b>
	<b>Applications must include proof of ownership.</b>
	<b>GIS Address request form must be completed.</b>
	<b>One copy of a dimensioned site plan. Site Plan must show:</b> <ul style="list-style-type: none"> <li>* Direction of North</li> <li>* Lot lines, adjacent streets, roads, rights-of-way</li> <li>* Location of all existing structures, wells, and septic tanks on the site</li> <li>* Location of proposed construction and improvements</li> <li>* Motor vehicle access such as driveway</li> </ul>
	<b>Verification of Zoning approval from either the County or township.</b>
	<b>One complete set of construction plans, and one set of calculations (if applicable). Hard Copies need to be large enough that the fonts are easily readable. Any copies larger than 11"x17" or 30 sheets need to be provided in electronic format. Building plans should include the following:</b> <ul style="list-style-type: none"> <li>* Roof Plans</li> <li>* Framing Plans</li> <li>* Foundation Plans</li> <li>* Mechanical Plans</li> <li>* Electrical &amp; Plumbing Plans</li> <li>* Architectural Plans</li> <li>* Structural plans, specification and engineering details</li> </ul>
	<b>ADAAG Conformance Statement (American with Disabilities Act)</b>
	<b>Sewage treatment system permit:</b> <ul style="list-style-type: none"> <li>* North Dakota Waste Water: Karl Rockeman (701) 328-5225</li> <li>* Upper Missouri District Health: Laurie Kok (701) 774-6407 or (701) 774-6400</li> <li>* State Water Commission (private wells): (701) 328-2750</li> <li>* McKenzie County Rural Water (701) 842-2821</li> </ul>



**McKenzie County Building & Planning Department**  
 201 5th Street NW  
 Watford City, ND 58854 [inspectoria.co.mckenzie.nd.us](http://inspectoria.co.mckenzie.nd.us)  
 Phone: 701-444-6494

Permit # \_\_\_\_\_

Received:

## BUILDING APPLICATION

(Incomplete information will delay approval of the application)

### Submit Application Along with Submittal Requirements

<b>1. PROJECT INFORMATION</b>	
Project Title:	
Property Address:	City/State/Zip Code:
Name of Applicant:	City/State/Zip Code:
Phone Numbers:	Email:
Contractor:	Phone Number:
ND Contractor License Number:	Email:

Owner Name:	Owners Phone Number:
Owner Address:	City/State/Zip Code:
Property Owner:	Phone Number:

### 2. PROJECT DESCRIPTION

Describe IN DETAIL work being done and total cost of building including electrical, plumbing, and mechanical:

<b>Residential</b>	<b>Commercial</b>	<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition / Remodel	<input type="checkbox"/> Modular
<input type="checkbox"/> New	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Demolition	<input type="checkbox"/> Miscellaneous
<b>Property Use:</b> (Please select all that apply)		<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Other
<input type="checkbox"/> Residential	<input type="checkbox"/> Single Family	<input type="checkbox"/> Two-Family	<input type="checkbox"/> Occupancy Group	
Section:	Township:	Range:	Parcel No:	

<b>Square Ft. of Building</b> _____	No. of Buildings _____
<input type="checkbox"/> Rough Basement _____	No. of Stories _____
<input type="checkbox"/> Finished Basement _____	No. of Bedrooms _____
<input type="checkbox"/> Garage _____	No. of Dwellings _____
<input type="checkbox"/> Deck _____	Fire Sprinkler <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Patio _____	

**3. Fees (Staff only) Fees are not accessed until after the application is approved.**

Plan Review Fee: _____	Paid: _____ by <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Check
Building Permit Fee: _____	
Total Permit Fee: _____	

**Federal Law may require this construction project to conform to the Americans with Disabilities Act Accessibility Guidelines for Buildings and Facilities.**

I hereby declare and affirm that all matters and facts set forth in this application are true and correct to the best of my knowledge, information and beliefs.

\_\_\_\_\_  
Zoning Approval Signature

\_\_\_\_\_  
Date

Minimum Setbacks in Feet (Zoning Dept. to fill out)

Zoning	Front	Sides	Rear

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

<b>Commercial Buildings Valuations<sup>1</sup></b>	<b>Base Permit Fee</b>
\$1.00 to \$500	\$25.00
\$501 to \$2,000	\$25.00 for the first \$500 plus \$3.00 for each additional \$100, or fraction thereof, to and including \$2,000.
\$2,001 to \$25,000	\$65.00 for the first \$2,000 plus \$14.00 for each additional \$1,000, or fraction thereof, to and including \$25,000.
\$25,001 to \$50,000	\$390.00 for the first \$25,000 plus \$10.00 for each additional \$1,000, or fraction thereof, to and including \$50,000.
\$50,001 to \$100,000	\$640.00 for the first \$50,000 plus \$7.00 for each additional \$1,000, or fraction thereof, to and including \$100,000.
\$100,001 to \$500,000	\$990.00 for the first \$100,000 plus \$5.50 for each additional \$1,000, or fraction thereof, to and including \$500,000.
\$500,001 to \$1,000,000	\$3200.00 for the first \$500,000 plus \$4.50 for each additional \$1,000, or fraction thereof, to and including \$1,000,000.
\$1,000,000 and up	\$5500.00 for the first \$1,000,000 plus \$3.00 for each additional \$1,000, or fraction thereof.
	<b>Plan Review Fee<sup>2</sup></b>
Commercial	50% of Base Permit Fee
Temporary Construction Trailers	\$250 per trailer
<b>Other Inspections and Fees Outside Jurisdiction:</b>	
1. Inspections outside of normal business hours .....	\$100.00 per hour <sup>3</sup> (minimum charge – two hours)
2. Re-inspection fees .....	\$100.00 per hour
3. Additional plan review required by changes, additions or revisions to plans .....	\$100.00 per hour (minimum charge – one-half hour)
4. For use of outside consultants for plan checking and inspections, or both .....	\$100.00 per hour

<sup>1</sup> Building valuations are derived from the BVD table located in the International Building Code

<sup>2</sup> Plan review fees are in addition to base permit fees

<sup>3</sup> Or the total hourly cost to the jurisdiction, whichever is the greatest. This cost shall include supervision, overhead, equipment, hourly wages and fringe benefits of the employees involved.

**ADAAG CONFORMANCE STATEMENT**  
**NORTH DAKOTA DIVISION OF COMMUNITY SERVICES**  
 SFN 19701 (12/10)

(This form must be submitted for new construction, alternations and additions to buildings and facilities subject to the Americans with Disabilities Act)

<b>AMERICAN WITH DISABILITIES ACT ACCESSIBILITY GUIDELINES            (ADAAG)            CONFORMANCE STATEMENT</b>											
Name & Building Address	Owner										
	City/County										
Date Construction to Start	Projected Completion Date										
Type of Construction <table style="width: 100%; margin-left: 100px;"> <tr> <td style="padding: 2px;">New Building</td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Sq. Ft. _____</td> </tr> <tr> <td style="padding: 2px;">Addition</td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Sq. Ft. _____</td> </tr> <tr> <td style="padding: 2px;">Alteration</td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Sq. Ft. _____</td> </tr> </table>			New Building	<input type="checkbox"/>	Sq. Ft. _____	Addition	<input type="checkbox"/>	Sq. Ft. _____	Alteration	<input type="checkbox"/>	Sq. Ft. _____
New Building	<input type="checkbox"/>	Sq. Ft. _____									
Addition	<input type="checkbox"/>	Sq. Ft. _____									
Alteration	<input type="checkbox"/>	Sq. Ft. _____									
Describe Alteration:											
Type of Occupancy/Use (Refer to Occupancies and Divisions defined in the International Building Code)											
I certify, to the best of my professional judgment, that the plans and specifications for the above referenced building or facility conforms with the Americans with Disabilities Act Accessibility Guidelines for Buildings and Facilities as adopted in North Dakota Century Code Section 54-21.3-04.1.											
Name of Design Professional	Firm										
Signature	Phone Number	Date									
<b>Send To:     Division of Community Services</b> <b>                 1600 East Century Avenue, Suite 2</b> <b>                 PO Box 2057</b> <b>                 Bismarck, ND 58502-2057</b>											

**ADAAG CONFORMANCE STATEMENT (American with Disabilities)**

**N.D.C.C. 54-21.3-04.1. Accessibility standards - Automatic doors.**

**1. Notwithstanding section 54-21.3-04, every building or facility subject to the federal Americans with Disabilities Act of 1990 [Pub. L. 101-336; 104 Stat. 327] must conform to the 2010 Americans with Disabilities Act standards for accessible design as contained in title 28, Code of Federal Regulations, parts 35 and 36 [28 CFR 35 and 36].**

**2. A state agency or the governing body of a political subdivision shall require from any individual preparing plans and specifications for a building or facility subject to the Americans with Disabilities Act of 1990 [Pub. L. 101-336; 104 Stat. 327], a statement that the plans and specifications are, in the professional judgment of that individual, in conformance with the Americans with Disabilities Act standards for accessible design as provided under subsection 1. A statement of conformance must be submitted to the department of commerce division of community services for recording.**

**3. After July 31, 2013, a newly designed and constructed building in excess of seven thousand five hundred square feet [696.77 square meters] which is classified within the state building code as assembly, business, educational, institutional, or mercantile occupancy and required by the state building code to be accessible must include at the primary exterior public entrance an automatic door or power-assisted manual door that complies with the requirements of the Americans with Disabilities Act of 1990, revised 2010. If a multiple unit building does not have a primary exterior public entrance, an individual unit within that building is not required to include an automatic door or power-assisted manual door unless that individual unit is in excess of seven thousand five hundred square feet [696.77 square meters].**

**54-21.3-04.2. Notice of federal accessibility guidelines required. A building permit issued under section 11-33-18, subsection 6 of section 40-05-02, or other similar grant of authority must contain the following statement: Federal law may require this construction project to conform with the Americans with Disabilities Act Accessibility Guidelines for Buildings and Facilities.**

**PHYSICAL ADDRESS REQUEST FORM**

Please supply the following information for McKenzie County to provide a physical address. This information will be used by McKenzie County for the purpose of subdivision planning, emergency management, E-911 service and county mapping.

**\*\*\*Required\*\*\***

**\*PLEASE PRINT LEGIBLY AND PLEASE INCLUDE A PLAT AND A VICINITY MAP\***

\*Date of Application: \_\_\_\_\_ \*

\*Applicant Name: \_\_\_\_\_ \*

\*Email Address: \_\_\_\_\_ \*

\*Area Code & Telephone #: \_\_\_\_\_ \*

\*Name of Property Owner if different from Applicant Name: \_\_\_\_\_ \*

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

Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_ IT # if Applicable: \_\_\_\_\_

\*Road Name Providing Property Access: \_\_\_\_\_ \*

Structure Location on the Road: North \_\_\_\_\_ South \_\_\_\_\_ / East \_\_\_\_\_ West \_\_\_\_\_

\*Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ \*

\*Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_ (Decimal Degrees)\*

\*Approach Permit Number \_\_\_\_\_ \*

**Building Purpose:** Mark with an "X" and provide number of units, as applicable to this request. If a NEW RESIDENCE, the year the home/business was built.

Business:	_____	# of Units: _____	Year Built if New: _____
Single Family:	_____		Year Built if New: _____
Multi-Family:	_____	# of Units: _____	Year Built if New: _____
Industrial:	_____	# of Units: _____	Year Built if New: _____
RV or Trailer:	_____	# of Units: _____	
Construction Site:	_____		Year Built if New: _____
Oil Site:	_____		Year Built if New: _____
Mobile Home:	_____	# of Units: _____	
Other:	_____	Explain what type: _____	

Each residential multiple family unit, commercial structure unit and separate building at the same physical address, must have a separate unit number (e.g. A, B, etc..., Apartment XXX, or Suite XXX). **\*\*The unit number must be clearly displayed and visible at the Primary entrance to each unit and needs to be 4" in size.\*\***

Return this form to: Email: [address@co.mckenzie.nd.us](mailto:address@co.mckenzie.nd.us)

Or  
McKenzie County GIS  
201 5<sup>th</sup> Street NW, Suite 705  
Watford City, ND 58854

\*\*\*\*\*

Date Received: \_\_\_\_\_

Address Assigned: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date Assigned: \_\_\_\_\_

## **REQUIREMENTS FOR PHYSICAL ADDRESS REQUEST**

Address requests at McKenzie County have become more frequent recently. In order to handle these requests in a timely and organized manner, we ask that the following protocol be followed.

- 1.) All physical address requests should include a physical address request form, which is accessible at [www.mckenziecounty.net](http://www.mckenziecounty.net), click on McKenzie County, click on GIS, then click on Requirements & Physical Address Request Form. This application should be completed as thoroughly as possible in order to expedite your request. Using the county map which is located on the GIS website or at [www.mckenzie.gisworkshop.com](http://www.mckenzie.gisworkshop.com) can assist in completing the form.
- 2.) Site plans, images, and other maps clearly depicting access, approaches, driveways, etc., should be sent with the address request form.
- 3.) Please make sure the appropriate approach permits have been acquired before requesting an address. This form is available at the county Road Dept/Engineer website at [www.mckenziecounty.net](http://www.mckenziecounty.net), click on Road Dept/Engineer and click on the type of permit you are requesting.

**Once these forms are complete, please email everything to:**

**[address@co.mckenzie.nd.us](mailto:address@co.mckenzie.nd.us)**

Requests for addresses will be processed in the order they are received. If there are any comments, questions, or concerns, please do not hesitate to contact me. We appreciate your patience and cooperation with this process for receiving a physical address.

Sincerely,

***Bonnie Foster***

GIS Coordinator  
McKenzie County

[bfoster@co.mckenzie.nd.us](mailto:bfoster@co.mckenzie.nd.us)

(701) 444 - 7417