CITY OF HOT SPRINGS BUILDING DEPARTMENT
303 NORTH RIVER STREET, HOT SPRINGS, SD. 57747
Phone 605-745-4104 Fax 605-745-5180

CHANGE OF USE REVIEW
BUILDING PERMIT APPLICATION

Project Address _____ Lot(s) _____ Block _____ Addition _____

Owner's Name _____ Address _____ City/State _____

Owner's Contact Numbers _____

General Contractor _____ Contact Number(s) _____

G/C's Address, City, State, Zip _____

LIST ALL SUB-CONTRACTORS COMPANY NAME, ADDRESS, AND PHONE NUMBER BELOW

(A) HVAC- _____--_____

(B) Electrical - _____--_____

(C) Plumbing- _____--_____

(D) Drywall- _____– _____

DESCRIPTION OF WORK TO BE PERFORMED:

_____

_____

_____

_____

_____

_____

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

I hereby certify that I have read and examined 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. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulation construction or the performance of construction.

FEE - $50.00 Per Project ***Date of Issuance:*** _____ ***Building Permit Number:*** _____

_____

Permit Fees: ***$*** _____ ***Signature of Project Owner***

Total Fees: ***$*** _____ *Receipt Number:* _____ *Date Received:* _____
acct. # R 101-32050