



NEW COMMERCIAL APPLICATION AND SITE PLAN REVIEW

Building Department, 205 2nd Ave. NW, Mandan ND 58501 Phone: (701) 667-3230 Fax: (701) 667-3481

Project Name:		Estimated Cost:	
Property Location (Legal Description - Lot, Block, Addition):			
Property Address:		Existing Use of Land/Bldg:	
New Construction, Addition, or Remodel:		Proposed Use of Land/Bldg:	
Parcel Size (sf):		Number of Stories:	Units: Overall Height:
Detailed Project Description: (please fill out separate permit for each building, if multiple buildings):		Total Square Footage of Building:	
		Number of Off-street parking spaces required:	
		Number of Off-street parking spaces provided:	
PROPERTY OWNER:			
Name		Daytime Telephone Number:	
Mailing Address:		Email:	
CONTRACTOR			
Name:		Name and Email of Contact Person :	
Mailing Address:		Daytime Phone #:	ND License #:
CONTACT PERSON (FOR PURPOSE OF PROCESSING THIS APPLICATION):			
Name of Contact Person:		Name of Firm, if applicable:	
Mailing Address:			
Daytime Phone Number:		Email Address:	
SUB CONTRACTORS			
Zoning District:		Plumbing:	ND License #
Occupancy Classification:		Heating:	ND License #
Type of Construction:		Electrical:	ND License #

I hereby acknowledge that this application is not a Building Permit, nor does it authorize the start of construction.

Signature of applicant

Date