



CITY OF BALTIC
130 St. Olaf Ave., Baltic, SD 57003
605-529-5497
Planning & Zoning Administrator: Ryan Fods
Building Inspector: Paul Clark

BUILDING PERMIT APPLICATION

OWNERS NAME: _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

PHONE: _____

EMAIL: _____

OWNER SIGNATURE REQUIRED IF APPLICANT IS AGENT/CONTRACTOR

CONTRACTOR/AGENT: _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

PHONE: _____

EMAIL: _____

PERMIT FOR:

NEW BUILD REMODEL ADDITION REPAIR/REPLACE FENCE
RESHINGLE MOVE ON/RELOCATE OTHER _____

****Please include blueprint/drawing for your project****

VALUATION/COST: _____

SIGNATURE OF APPLICANT: _____

DATE: _____

<u>OFFICE USE ONLY:</u>		
DATE OF REVIEW: _____	DATE ISSUED: _____	
ADDITION _____	LOT _____	BLOCK _____