CITY OF CANTON
210 N. Dakota Ave., Canton, SD 57013

Total Fee:_____
Paid/Charged:_____
Staff ID:_____

CONSTRUCTION PERMIT

Fee $_____ Date Received _____ Permit Expiration Date:_____

DEVELOPER INFORMATION	DEVELOPER'S REPRESENTATIVE
Development	Name Phone
Phase	Company
Developer's Name	Address
Address	City State Zip
Phone Number	**ENGINEER/ARCHITECT**
LIST OF CONTRACTORS	Name Phone
Grading (name) Phone	Company
Curb and Gutter (name) Phone	Address
Roadway Base (name) Phone	City State Zip
Roadway Surface (name) Phone	**CONSTRUCTION PLANS**
Storm Sewer (name) Phone	☐ Construction Plans Attached for Review (Approval of this construction permit is acceptance of the plans for construction)
Water (name) Phone	
Sanitary Sewer (name) Phone	
Other (name) Phone	☐ Construction Plans Previously Approved

I, the undersigned, do hereby affirm the above statements are true and correct and agree to comply with the provisions of the ordinances of the City of Canton and the approved plans and specifications accompanying this permit. The proposed work is authorized by the Owner and authorization to enter the property for inspection purposes is hereby given to authorized representatives of the City of Canton.

☐ Owner of Development ☐ Developer's Representative

Signature_____ Date_____

Approved By Authorized Official _____ Date_____