



ZONING PERMIT APPLICATION

PROJECT ADDRESS AND PID

Address: _____

Parcel Identification (PID) #: _____

OWNER / OCCUPANT INFORMATION

Name: _____

Mailing Address: _____

City / State / ZIP: _____

Phone: _____ **Email:** _____

CONTRACTOR INFORMATION (IF DIFFERENT FROM OWNER)

Company / Name: _____

Address: _____

Phone: _____ **Email:** _____

PROJECT INFORMATION

Fill out corresponding section(s) below

DRIVEWAY (New or Expanding)

New Expanding

Site Plan Required Attached site plan

Material: _____

Existing width at ROW: _____

Proposed width at ROW: _____

Existing percentage of property as impervious surface area: _____

Proposed percentage of property as impervious surface area: _____

Proposed setback to property lines: _____

FENCE

Fill out corresponding section(s) below

Site Plan Required Attached site plan

Material: _____

Type: _____

Height: _____ **Length:** _____

Proposed Setback to front yard property line: _____



Proposed Setback to rear yard property line: _____

Proposed Setback to side yard property line: _____

ACCESSORY BUILDING (120 sq. ft. or under)

Site Plan Required Attached site plan

Roof Material: _____ **Siding Material:** _____

Height: _____ Width: _____ Length: _____

Proposed Setback to front yard property line: _____

Proposed Setback to rear yard property line: _____

Proposed Setback to side yard property line: _____

Do you have any existing detached accessory buildings on the property?

Yes No

If yes, describe: _____

Do you have any existing attached garage?

Yes No

REQUIRED INFORMATION

- Permit application must include a **site plan** showing the location, dimensions, and nature of any existing and proposed structure, including **setbacks from property lines as well as any easements**.
 - It is the **property owner's responsibility** to locate property lines and expose the corner pins.
 - If applicant is not the owner, **written permission from the property owner** must be provided.
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APPLICANT CERTIFICATION

I hereby apply for a zoning permit and certify that the information provided above is complete and accurate. I acknowledge that all work will be performed in accordance with the Ordinances of the City of Chisago City and the Minnesota State Building Code. I understand that this application is **not** a permit and that no work shall commence until the application has been reviewed and approved. I further agree that all work will be completed in accordance with the approved plans, specifications, and applicable codes.



Applicant Signature: _____

Printed Name: _____

Date: _____

OFFICE USE ONLY

Received Date: _____

Permit Number: _____

Approvals: _____

Fees:

- \$35.00 Zoning Permit- Residential
- \$250.00 Zoning Permit- Commercial
- \$50.00 Driveway Permit

Receipt: _____

Approval: _____