

ZONING PERMIT APPLICATION

Phone: 651-552-4116

Email: permits@wspmn.gov

Website: www.wspmn.gov

OFFICE USE ONLY	
Received Date:	Permit Number: ZONE

PROJECT ADDRESS:	
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OWNER/OCCUPANT INFORMATION:		
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Name:	Phone:	
Address:	State:	Zip:
Email:		

CONTRACTOR INFORMATION:		
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Name:	Phone:	
Address:	State:	Zip:
Email:		
State License #:	Contact Name:	

APPLICANTS SIGNATURE:	
Applicant certifies that all information is correct and that all pertinent state regulations and city ordinances will be complied with in performing the work for which this permit is issued.	

Printed Name:	Date:
Signature:	Date:

PROJECT INFORMATION:	
FILL OUT/CIRCLE CORRESPONDING SECTION BELOW	

Temporary Sign:				
Type of Sign(s):	Location of Sign(s):			
Number of Signs(s):	Dates to be Displayed:			
Driveway:				
Replace As Is			New/Expand *Plan Required*	
Fence:				
<u>Materials:</u>	Wood	Plastic	Chain-Link	Iron
<u>Type:</u>	Privacy	Kennel	Pool Enclosure	Decorative
<u>Dimensions:</u>	Height:	Length:	# & Size of Gates:	
Accessory Building (under 200 sqft):				
<u>Materials:</u>	(ex. Wood, aluminum)			
<u>Dimensions:</u>	Length:	Height:	Width:	
<u>Setbacks:</u>	Side:	Side:	Rear:	
Do you have an existing detached accessory building on the property?				
Platform/Deck (30" or less off ground <i>and</i> not attached to building):				
<u>Materials:</u>	(ex. Wood, aluminum)			
<u>Dimensions:</u>	Length:	Height:	Width:	
<u>Setbacks:</u>	Side:	Side:	Rear:	