



ZONING PERMIT APPLICATION

1616 Humboldt Avenue
West St. Paul, MN 55118

Phone: 651-552-4116

Email: permits@wspmn.gov

Website: www.wspmn.gov

OFFICE USE ONLY	
Received Date:	Permit Number: ZONE

PROJECT ADDRESS:			
OWNER/OCCUPANT INFORMATION:			
Name:		Phone:	
Address:		Suite/Unit:	
City:		State:	Zip:
Email:			
CONTRACTOR INFORMATION:			
Name:		Phone:	
Address:		Suite/Unit:	
City:		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:

COMPLETE SECOND PAGE

**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*
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Fence

<u>Materials:</u>	Wood	PVC/Vinyl	Chain-Link	Iron
<u>Type:</u>	Privacy	Picket/Split Rail	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 *and* not attached to building)

<u>Materials:</u>	(ex. Wood, aluminum)		
<u>Dimensions:</u>	Length:	Height:	Width:
<u>Setbacks:</u>	Side:	Side:	Rear:

Pool

Inground	Above Ground
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