



CITY OF SPRING LAKE PARK ZONING PERMIT APPLICATION

1301 Eighty-First Avenue NE
Spring Lake Park, MN 55432
Fax: (763) 792-7257

Applicant to complete numbered spaces only

1. Job Address:

Spring Lake Park, Minnesota 55432

2. Owner:

Address: _____ Phone No.: (763) _____

3. Contractor: _____ License No. _____

Address: _____

Phone No _____ Cell Phone: _____ Fax No _____

4. Architect or Engineer: _____ License No: _____

Address: _____ Phone No. _____

5. Type of Work: Fence Shed (under 120 square feet)

Other Structures under 120 square feet Driveway

Describe Work to be Done: _____

Estimated Value of Work: \$ _____ Estimated Date of Completion: _____

IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED THE ZONING PERMIT SHALL BECOME NULL AND VOID.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS ZONING PERMIT APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

ZONING PERMIT APPLICATION CHECKLIST:

- Two (2) Site Plans or Surveys
- Two (2) Proposed Floor Plans (Sheds Only)
- Two (2) Proposed Elevation Plans (Sheds)
- Two (2) Proposed Cross Section Plans (Sheds)

FOR OFFICE USE ONLY:

Date received: _____

Initials: _____

Zoning

County Health Dept.

Fire Dept.

Soil Report

Signature of Contractor or Authorized Agent

Date