

APPLICATION FOR LAND USE/ZONING/BUILDING PERMIT

Date of Application: _____ City Permit No. _____ - _____
 Zone Location: R1 R2 UA C I Variance: Yes No
 Fee (s): \$ _____ Conditional Use: Yes No
 Date Fees paid: _____ Hearing: Yes No
 Parcel Number: _____ - _____

To the City Council of the City of Twin Valley in the County of Norman, State of Minnesota:

I, _____, the undersigned owner(s)/applicant(s) whose address is _____ hereby applies for a permit to _____

(Build, Install, Add to, Alter, Repair, Move or Demolish)

a building described as follows: (indicate type, kind of construction materials to be used: wood, metal, concrete, etc.)

Front Width: _____; Side Length: _____; Height: _____
 No. of Stories: _____ Total Square Feet: _____
 Upon a certain tract of land described as follows: Lot (s) _____; Block _____
 Plat or Addition: _____

Which is of the following size and area; width _____ feet; length _____ feet; and area _____ and said building to be known as No. _____, _____ (street address) in said City; and hereby agrees that in case such permit is granted, that all work which shall be done and all materials which shall be used shall comply with the plans, specifications therefore submitted and with all the ordinances of said City applicable thereto. **Must meet all setback and zoning ordinance requirements.**

In accordance with State law the applicant must indicate the Contractor's name, address, phone number and License number who will be performing the construction, remodeling, etc. or hereby sign that they are the person(s) performing the work as described above. (If the Contractor is not licensed he/she must provide a copy of the State Exemption Certificate as in compliance with the Department of Commerce.

Contractor Name: _____ License Number: _____

Phone: _____ Address: _____

State Certificate copy attached: Yes No

If doing own work: Applicant's Signature: _____

DETAILS AND REMARKS

(Describe and/or Draw what changes are being made – Diagrams or Plans can be attached.)

Signature of Applicant/owner

Approved by Council on _____ / _____ / _____

Denied by Council on _____ / _____ / _____