

APPLICATION FOR ZONING PERMIT

CITY OF CANBY

110 OSCAR AVENUE NORTH

CANBY, MN 56220

PHONE: 507-223-7295

FAX: 507-223-5170

Owner Information

Property Owner: _____ Phone: _____
Property Address: _____
Owner Address (if Different) _____
Email Address _____

Project Information

Check the One that Applies:

Build Install Add To Alter Repair
 Move In Demolish Remodel Move

Proposed Project Description: _____

Number of Accessory Buildings on the Property: _____ Total Sq. Footage: _____

Building Information:

Front Width (ft.): _____ Side/Length (ft.): _____ Height (ft.): _____
Number of Stories: _____ Type of Roofing: _____ Type of Siding _____
Proposed Setbacks:
Front: _____ Rear: _____ Side: _____ Side: _____
Elevation in ft. (if in Floodplain): _____ Completion Date: _____
Use of Building: _____ Estimated Cost: _____
Dimensions: _____ Total Square Feet: _____
Is your Home in the Wellhead Protection Area: Yes No

Lot Information

Physical Address: _____ Addition/Plat: _____
Width of Lot (ft.): _____ Length of Lot: _____

Contractor Information

Name of Contractor: _____ Contract License Number _____
Address: _____ Phone: _____

Include a Sketch of the Proposed Use Below

Property Owner Signature	Date
--------------------------	------

FOR OFFICE USE ONLY

The above described property is zoned _____
Required Setbacks: Front: _____ Rear: _____ Side: _____ Side: _____
Principal Structure Sq. Ft.: _____ Accessory Structures Sq. Ft. _____
Percentage of Lot Covered: _____
Planning & Zoning Approved: _____ Denied _____
Findings of Facts for Approval or Denial _____
Signature of Zoning Administrator _____