

LAND USE PERMIT

Kandiyohi County Environmental Services

County Office Building, 400 Benson Ave SW, Willmar, MN 56201, 320-231-6229

Version: March 2016

OFFICE USE: Fee \$ _____ Date Received _____ Date Mailed _____ Permit Number _____
Zone _____ Building Code _____ Septic Info _____ AS 400 ____ Excel ____

Name of Applicant _____ Daytime Phone _____

Mailing Address _____ City _____ State _____ Zip _____

Property Address (911) _____

Email Address _____

Tax Parcel Number _____ Township _____ Section _____ Lake _____

Legal Description _____

Proposed Structure(s):

	Size	Overall Height		Size	Overall Height	Sidewall Height
House/Dwelling	_____	_____	Garage (attached)	_____	_____	_____
Mobile Home	_____	_____	Shed	_____	_____	_____
Deck	_____	_____	Barn	_____	_____	_____
Porch	_____	_____	Accessory Bldg	_____	_____	_____
Addition (type of)	_____	_____		_____	_____	_____
Other	_____	_____		_____	_____	_____

I hereby certify that I have examined this application and acknowledge the information submitted to be true. I further agree there shall be no changes in plans or specifications to the work authorized herein unless such change is first approved in writing by the zoning administrator. The construction site shall be kept reasonably free of debris at all times so as to not create a public nuisance. The granting of this permit does not exempt the permittee from having to secure other permits from other state, federal or local units of government which may have jurisdiction over portions of the authorized project.

NOTICE: Any violation of the conditions established in conjunction with the Land Use Permit granted pursuant to this application may be prosecuted as a misdemeanor as more fully provided in CHAPTER 2: 2-8 and 2-9 of the Kandiyohi County Zoning Ordinance.

Signature of Applicant _____ Date _____ 20_____

A Land Use Permit is hereby approved to begin construction and is issued for one (1) year from date of permit for the above location and structure under existing regulations and is approved for zoning compliance, upon the following conditions:

Zoning Administrator _____ Date _____ 20_____