APPLICATION FOR ZONING/BUILDING PERMIT
SCOTT COUNTY, MINNESOTA

Scott

Township/City _____

COUNTY USE ONLY

Project Address _____ **Permit Number** _____

Post Office City _____ Zip _____ Receipt Number _____

APPLICANT FILL OUT INFORMATION BELOW:

Applicant _____ Phone (Home) _____ (Work) _____

Address _____ City _____ State _____ Zip _____

Owner _____ Phone (Home) _____ (Work) _____

Address _____ City _____ State _____ Zip _____

Contractor Name _____ Phone (Home) _____ (Work) _____

Address _____ City _____ State _____ Zip _____

State Contractor's License Number _____ License Expiration Date _____

Legal Description _____ Parcel No. _____ No. Acres _____

Sec _____ Lot _____ Block _____ Subdivision Name _____

The above applicant applies for a permit to: _____ Use: _____

(addition, alter, construct, demolish, erect, expand, improve, move, remodel, repair, re-side, re-roof , other) (residence, garage, storage, accessory structure, other)

Type of construction: Wood ❑ Masonry ❑ Other ❑ _____ Type of heating system: _____

Dimensions of Structure: _____

Estimated Cost or Value: _____ Number of Bedrooms: _____

NOTE: A survey is required by a registered surveyor for all new home applications on less than 10 acres. If a survey is not required, a Plot Plan must be submitted. Please contact the Building Department for a complete list of items required for permit approval.
Applicant hereby agrees that, upon issuance of this permit, all work shall be done and all materials used shall be in compliance with all applicable state, county, township, and city codes. The applicant agrees to abide by all zoning ordinances, and to utilize this structure for its permitted use.

_____ _____

Applicant's Signature **Date**

LOCAL GOVERNMENT UNIT (LGU), TOWNSHIP (TWP) OR CITY USE ONLY

Recommend Approval ❑ **Recommend Denial** ❑ Permit complies with TWP requirements and the Wetland Conservation Act subject to:

_____

Signature of L.G.U. _____, **or TWP or City Clerk** _____ **Date** _____

COUNTY OR CITY PLANNING USE ONLY

Minimum Setbacks: Road _____ Side _____ Rear _____ Lake/Creek/Wetland _____ Zoning District _____

Approved ❑ **Denied** ❑ By Planning/Environmental Health/Natural Resources, subject to existing regulations and the following conditions:

_____

Signature (Planning) _____ **Date** _____

Signature (Environmental Health) _____ **Date** _____

Signature (Natural Resources) _____ **Date** _____

COUNTY BUILDING USE ONLY

Construction Type: _____

Occupancy Classification: _____

	FEES	ESCROW
9-1-1 Address Marker		
Land Use Permit		

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COUNTY BUILDING USE ONLY

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Approved ❑ **Denied** ❑

By Building Official subject to existing regulations and the following conditions:

_____

_____

_____

_____

Signature: _____

Date: _____

Additional Comments:

_____

_____

	FEES	ESCROW
9-1-1 Address Marker		
Land Use Permit		
Sewer Installation Permit		
Plumbing Permit		
- State Surcharge		
Mechanical Permit		
- State Surcharge		
Building Permit		
- State Surcharge		
Plan Review Fee		
Erosion Sediment Control Plan Review Fee		
Erosion Sediment Control and Landscape Escrow		
TOTAL		

#434

White-County Yellow-Township Pink-Applicant Gold-Township