



## 2016 City of Lakeville Zoning Permit Application

PLANNING DEPARTMENT  
20195 HOLYOKE AVENUE  
LAKEVILLE, MINNESOTA 55044  
(952) 985-4420

Date: \_\_\_\_\_

**Zoning Permit Fee: \$30.00**

Job Site Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Owner Email \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor Email \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

***PLEASE COMPLETE APPLICABLE SECTION(S)***

<b>Fences:</b>	<b>Materials:</b> Wood <input type="checkbox"/> Chain-link <input type="checkbox"/> Plastic <input type="checkbox"/> Iron <input type="checkbox"/> Other _____	<b>Type:</b> Privacy <input type="checkbox"/> Pool Enclosure <input type="checkbox"/> Kennel <input type="checkbox"/> Decorative <input type="checkbox"/> Other _____	<b>Setbacks:</b> Front _____ Side _____ Side _____ Rear _____	<b>Height:</b> _____
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<b>Accessory Buildings:</b>	<b>Size:</b> Length _____ (200 square feet or less) Width _____ Height _____	<b>Construction Type:</b> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Other _____	<b>Setbacks:</b> Side _____ Side _____ Rear _____
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**Do you have an existing detached accessory building on your property?** No \_\_\_\_\_ Yes \_\_\_\_\_

<b>Above-ground Pools:</b>	<b>Size:</b> Dimensions _____ (less than 5000 gallons) Depth _____ Wall Height _____	<b>Enclosure:</b> Deck / gated entrance <input type="checkbox"/> Fence (around pool) <input type="checkbox"/> Fence (around ladder) <input type="checkbox"/> Gated Ladder <input type="checkbox"/>	<b>Setbacks:</b> Side _____ Side _____ Rear _____
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**Do you have an existing fence?** No \_\_\_\_\_ Yes \_\_\_\_\_ **If yes, what type?** \_\_\_\_\_

***Applicant must submit an approved survey of the property that indicates the location and setbacks of the fence, accessory building or swimming pool.***

I HEREBY APPLY FOR A ZONING PERMIT AND I ACKNOWLEDGE THAT THE INFORMATION ABOVE IS COMPLETE AND ACCURATE; THAT THE WORK WILL BE IN CONFORMANCE WITH THE ORDINANCES AND CODES OF THE CITY; THAT I UNDERSTAND WORK IS NOT TO START WITHOUT AN APPROVED ZONING PERMIT; AND THAT THE WORK WILL BE IN ACCORDANCE WITH THE APPROVED PLAN.

**Please allow at least 3 business days for processing**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

