

# City of Eagle Bend

108 Main Street West  
P.O. Box 215  
Eagle Bend, MN 56446  
Office: (218) 738-5982



## Application for Zoning Permit

DATE: \_\_\_\_\_

PERMIT #: \_\_\_\_\_

PROPERTY OWNER(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

LEGAL PROPERTY  
DESCRIPTION: \_\_\_\_\_

ZONING CLASSIFICATION: \_\_\_\_\_ PARCEL #: \_\_\_\_\_

TYPE OF IMPROVEMENT:

DECK \_\_\_\_\_ FENCING \_\_\_\_\_ NEW HOME \_\_\_\_\_

GARAGE \_\_\_\_\_ ADDITION \_\_\_\_\_

OTHER \_\_\_\_\_ DESCRIBE BRIEFLY: \_\_\_\_\_

TYPE OF CONSTRUCTION:

WOOD \_\_\_\_\_ VINYL \_\_\_\_\_ MASONRY \_\_\_\_\_  
(treated: yes/no)

STEEL \_\_\_\_\_ SHINGLES \_\_\_\_\_ OTHER \_\_\_\_\_

Number of Stories: \_\_\_\_\_ Length: \_\_\_\_\_

Width: \_\_\_\_\_ Height: \_\_\_\_\_

Meet Setbacks (Y/N)

Action Needed

Side Yard

Side Yard

(Corner Lot)

Front Yard

Rear Yard

Value of Construction \$ \_\_\_\_\_

Approximate Starting Date: \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_

Describe in detail the work you are doing. (For example: Building a bedroom addition and taking out bearing walls to make living room larger.) You may attach plans. Describe any new use of your building:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If applicable:

Name of Building \_\_\_\_\_

Contractor: \_\_\_\_\_ License # \_\_\_\_\_

I hereby certify that I am the owner or authorized agent of the above property, that all information and drawings provided here with are accurate & complete, and that all construction will conform with existing State laws and local ordinances.

Signature of Applicant: \_\_\_\_\_ Signing as: \_\_\_\_\_

A permit to construct a building in accordance with the application a shown above is hereby granted subject to the following restrictions:

1. Constuction of the exterior must be started within 12 months of the permit date
2. No occupancy will be permitted until water and sewer are installed.

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The following to be completed by the City

	Date	Fees
Zoning Permit Approved	_____	Zoning Permit Fee \$ _____
Zoning Permit Denied For	_____	
Request for Variance	_____	Variance Fee \$ _____
Request for Conditional Use Permit	_____	Conditional Use Fee \$ _____
CUP/Variance Hearing by City Council	_____	
City Council Action	_____	Total Fees Due \$ _____

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City Administrator \_\_\_\_\_ Date \_\_\_\_\_