



## Zoning Permit Application

<b>SITE</b>	Project Title	Construction Valuation
	Site Location (Please be specific. Include street, cross streets, or miles from)	
<b>OWNER</b>	Owner	Contact Person
	Owner Address	Phone Number
	City, State, Zip	Fax Number
<b>CONTRACTOR</b>	Contractor	Contact Person
	Contractor Address	Phone Number
	City, State, Zip	Fax Number
<b>SET BACK</b>	Front Lot Set-Back in Feet	Requests for changes in Lot Set-Back MUST be presented at the City Council Meeting. They meet the first Monday after the first Tuesday each month at 5:15 PM at the Halstad Telephone Company meeting room.
	Side Lot Set-Back in Feet	
	Back Lot Set-Back in Feet	
<b>APPLICANT</b>	Permit Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Designer <input type="checkbox"/> Contractor <input type="checkbox"/> Other; specify _____	
	Applicant's Printed Name	Applicant's Phone Number
	Applicant's Address	Applicant's E-Mail
	City, State, Zip	License/Registration Number (If applicable)
<b>PROJECT</b>	Class of Work: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Other; specify _____	
	Anticipated Start Date:	
	Project Description:	
<p><i>I hereby apply for a Zoning Permit and acknowledge that the information above is complete and accurate; that this is <b>not</b> a <b>building permit</b>; that the work will be performed in accordance with the conditions of the permit, the approved plans and specifications and, that I will cause the work to remain accessible and exposed for inspection purposes.</i></p>		
Applicant Name (Print)	Applicant Signature	Date
Permit Fees: <b>\$35.00</b>	<b>FOR OFFICE USE ONLY</b>	Fee Paid: <input type="checkbox"/> Check/ # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Other: _____
Make check payable to: City of Halstad	City Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature: _____ Date: _____

**Please return to:**  
**Mail: City of Halstad, 405 2<sup>nd</sup> Avenue West, Halstad, MN 56548**  
**Drop off: Halstad Municipal Utilities, 405 2<sup>nd</sup> Avenue West, Halstad, MN 56548**  
**E-mail: [halstad@rrv.net](mailto:halstad@rrv.net) or [hmuoffice@rrv.net](mailto:hmuoffice@rrv.net)**  
**Fax: 218-456-2018**  
**Questions? Phone: 218-456-2128**