



Zoning Permit Application

SITE	Project Title	Construction Valuation
	Site Location (Please be specific. Include street address and parcel number)	
OWNER	Owner	Contact Person
	Owner Address	Phone Number
	City, State, Zip	Email
CONTRACTOR	Contractor	Contact Person
	Contractor Address	Phone Number
	City, State, Zip	Email
SET BACK	Front Lot Set-Back in Feet	Lot Set-Back Requirements can be found in the Zoning Ordinance. Requests for changes in Lot Set-Back MUST be presented to the City Council.
	Side Lot Set-Back in Feet	
	Back Lot Set-Back in Feet	
APPLICANT	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 Email
	City, State, Zip	License/Registration Number (If applicable)
PROJECT	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 (Attach Map/Diagram/Plans):	
<p><i>I hereby apply for a Zoning Permit and acknowledge the information above is complete and accurate; this is not a building permit; the work will be performed in accordance with the conditions of the permit, the approved plans and specifications; and I will cause the work to remain accessible and exposed for inspection purposes and will complete within one year of approval.</i></p>		
Applicant Name (Print)	Applicant Signature	Date
Permit Fees: \$35.00	FOR OFFICE USE ONLY	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 2nd Avenue West, Halstad, MN 56548
Drop off: Halstad Municipal Utilities, 405 2nd Avenue West, Halstad, MN 56548
Email: halstad@rrv.net or hmuoffice@rrv.net
Fax: 218-456-2018
Questions? Phone: 218-456-2128