



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: ☐ Owner ☐ Designer ☐ Contractor ☐ 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: ☐ New ☐ Addition ☐ Alteration ☐ Other; specify _____		
	Anticipated Start Date:		
	Project Description (Attach Map/Diagram/Plans):		
<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>			
Applicant Name (Print)		Applicant Signature	Date
Permit Fees: \$35.00		FOR OFFICE USE ONLY	Fee Paid: ☐ Check/ # _____ ☐ Cash ☐ Other: _____
Make check payable to: City of Halstad		City Approved: ☐ Yes ☐ 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: info@halstad.com
 Fax: 218-456-2018
 Questions? Phone: 218-456-2128