

**CITY OF TAYLORS FALLS – 651-465-5133 EXT. 22
APPLICATION FOR ZONING PERMIT & BUILDING PERMIT**

Property Owner's Name(s) _____

Phone # _____ Alternate Phone # _____

Site Address _____

Legal Description of Property _____

Plat _____ Parcel Identification Number 20. _____

Zoning Classification: Small Town Residential Transitional Rural Countryside Downtown Commercial
 Shoreland St. Croix River I St. Croix River II

Heritage Preservation Overlay District and/or Designated Yes___ No___.

Existing Land Use _____ Valuation of Project \$ _____

Occupancy Class _____ Set Backs:

Square Feet _____ side yard _____

Length _____ side yard _____

Width _____ front yard _____

House Design _____ rear yard _____

Description of Work (attach site plan): _____ Contractor License Number _____

NOTICE:

The applicant shall comply with all provisions of the State Building and Plumbing codes, as well as all City ordinances governing zoning and building. The State of Minnesota regulates all electrical work. The continued validity of this permit is contingent upon the applicant's compliance of all work done and materials used with the plans and specifications herewith submitted, and with the applicable ordinances of the City of Taylors Falls.

I hereby acknowledge the above and agree to comply with the City of Taylors Falls' and the State of Minnesota's codes and ordinances.

_____ Date Signature of Applicant
(if agent, print principal's name & sign as agent)

For Office Use Only	
Permit # _____	Total Paid _____
Date Issued _____	Check # _____
Valuation _____	3 Sets of Plans Received _____
Plan Check Fee _____	Approved by the City of Taylors Falls
State Fee _____	
Building Permit Fee _____	Approved by the Building Official
Administrative Fee _____	
WAC Fee _____	
SAC Fee _____	
S/W Inspection Fee _____	
Other _____	_____

Applicant

Building Official

City