CITY OF TAYLORS FALLS
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 Heritage Preservation Shoreland St. Croix River I St. Croix River II

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 _____

State Fee _____ Approved by the City of Taylors Falls

Building Permit Fee _____

Administrative Fee _____ _____

WAC Fee _____

SAC Fee _____ Approved by the Building Official

S/W Inspection Fee _____

Other _____ _____

Original to Applicant Yellow to Building Official Pink to City