



2020 City of Lakeville

Zoning Permit Application

PLANNING DEPARTMENT
20195 HOLYOKE AVENUE
LAKEVILLE, MINNESOTA 55044
(952) 985-4420

Date: _____

Zoning Permit Fee: \$30.00
We accept cash or check only

Job Site Address: _____

Property Owner: _____ Phone: _____

Property Owner Email _____

Street Address: _____ City: _____ Zip: _____

Contractor: _____ Phone: _____

Contractor Email _____

Street Address: _____ City: _____ Zip: _____

PLEASE COMPLETE APPLICABLE SECTION(S)

Fences:	Materials: Wood <input type="checkbox"/> Chain-link <input type="checkbox"/> Plastic <input type="checkbox"/> Iron <input type="checkbox"/> Other _____	Type:	Privacy <input type="checkbox"/> Pool Enclosure <input type="checkbox"/> Kennel <input type="checkbox"/> Decorative <input type="checkbox"/> Other _____	Setbacks	Front _____ Side _____ property Side _____ line Rear _____	Height: _____
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Accessory Buildings:	Size: Length _____ (200 square feet or less) Width _____ Height _____	Construction Type:	Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Other _____	Setbacks	Side _____ from Side _____ property Rear _____ Line
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Do you have an existing detached accessory building on your property? No _____ Yes _____

Above-ground Pools:	Size: Dimensions _____ (Between 2250 & 5000 gallons) Depth _____ Wall Height _____	Enclosure:	Deck / gated entrance <input type="checkbox"/> Fence (around pool) <input type="checkbox"/> Fence (around ladder) <input type="checkbox"/> Gated Ladder <input type="checkbox"/>	Setbacks	Side _____ from Side _____ property Rear _____ line
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Applicant must submit an approved survey of the property that indicates the location and setbacks of the fence, accessory building or swimming pool.

I HEREBY APPLY FOR A ZONING PERMIT AND I ACKNOWLEDGE THAT THE INFORMATION ABOVE IS COMPLETE AND ACCURATE; THAT THE WORK WILL BE IN CONFORMANCE WITH THE ORDINANCES AND CODES OF THE CITY; THAT I UNDERSTAND WORK IS NOT TO START WITHOUT AN APPROVED ZONING PERMIT; AND THAT THE WORK WILL BE IN ACCORDANCE WITH THE APPROVED PLAN.

Applicant is: Contractor Property Owner Other _____ (Please circle one)

Please have the approved permit: mailed to me e-mailed to me I will pick it up (Please circle one)

Applicant's Signature: _____ **Date:** _____

THIS PAGE TO BE COMPLETED BY THE CITY

Job Site Address: _____

Permit Type:

Zoning ZN

Permit Sub-Type:

Fences (93) _____

Accessory Buildings, 200 S.F. or less (71) _____

Above-ground Pool, between 2250 & 5000 gal (91) _____

Work Type:

New (81) X

Required Inspections:

Final (65) X

Zoning District: _____

Permit Fee: \$30

Approved By: _____ **Date:** _____

Zoning Administrator

Comments: _____
