



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"/>	Type:	Privacy <input type="checkbox"/>	Setbacks	Front _____	Height: _____
		Chain-link <input type="checkbox"/>		Pool Enclosure <input type="checkbox"/>	from	Side _____	
		Plastic <input type="checkbox"/>		Kennel <input type="checkbox"/>	property	Side _____	
		Iron <input type="checkbox"/>		Decorative <input type="checkbox"/>	line	Rear _____	
		Other _____		Other _____			

Accessory Buildings:	Size:	Length _____	Construction Type:	Wood <input type="checkbox"/>	Setbacks	Side _____
(200 square feet or less)		Width _____		Aluminum <input type="checkbox"/>	from	Side _____
		Height _____		Other _____	property	Rear _____
					Line	

Do you have an existing detached accessory building on your property? No _____ Yes _____

Above-ground Pools:	Size:	Dimensions _____	Enclosure:	Deck / gated entrance <input type="checkbox"/>	Setbacks	Side _____
(Between 2250 & 5000 gallons)		Depth _____		Fence (around pool) <input type="checkbox"/>	from	Side _____
		Wall Height _____		Fence (around ladder) <input type="checkbox"/>	property	Rear _____
				Gated Ladder <input type="checkbox"/>	line	

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:** _____

Please allow at least 3 business days for processing

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: _____

