



City of Litchfield

Zoning Permit Application

PLANNING DEPARTMENT
126 NORTH MARSHALL AVENUE
LITCHFIELD, MINNESOTA 55355
(320) 693-7201

Date: _____

Zoning Permit Fee: \$30.00

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	Type: Privacy	Setbacks: Front _____	Height: _____
Chain-Link	Pool Enclosure	Side _____	
Plastic	Kennel	Side _____	
Iron	Decorative	Rear _____	
Other	Other		

ACCESSORY BUILDINGS (200 Square Feet or Less)

Size: Length _____	Construction Type: Wood	Setbacks: Side _____
Width _____	Aluminum	Side _____
Height _____	Other _____	Rear _____

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

Applicant must submit a drawing of the property that indicates the location and setbacks of the fence or accessory building.

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.

Please allow at least 3 business days for processing.

Applicant's Signature: _____

Date: _____