



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

ACCESSORY BUILDINGS (200 Square Feet or Less)

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

THIS PAGE TO BE COMPLETED BY THE CITY

Job Site Address: _____

Permit Type:
Zoning _____

Permit Sub-Type:
Fences _____
Accessory Buildings, 200 S.F. or Less _____

Work Type:
New _____
Replace _____
Alter/Remodel _____
Move _____

Required Inspections:
Final _____

Zoning District: _____

Permit Fee:
Permit Fee _____
Other Fee _____
Total _____

Approved By: _____
Zoning Administrator

Date: _____

Comments: _____

