

# LAND USE PERMIT/ZONING APPROVAL

## City of Wells, Minnesota

**APPLICANT INFORMATION**

Name of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Property Owner(s) \_\_\_\_\_ Telephone: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

Address of Property Where Construction Will Occur: \_\_\_\_\_

Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_ Tract: \_\_\_\_\_ Parcel #: \_\_\_\_\_

<u>Project Type</u>			
<input type="checkbox"/> Fence	<input type="checkbox"/> Storage Shed	<input type="checkbox"/> Sign	<input type="checkbox"/> Other _____

Summary of Work to be Completed (attach additional pages if needed): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This permit becomes null and void if work or construction authorized is not completed within 180 days, or if construction of work is suspended or abandoned for a period of 180 days at any time after work has been commenced. I, the applicant, hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regarding construction or the performance of construction.

The undersigned is the owner of record and/or agent for the owner of record of the property located within the City of Wells, Faribault County, Minnesota. As part of the process of obtaining a building / land use permit, the undersigned certifies that all of the information in the application, plans and specifications is true and correct.

It is the responsibility of the undersigned to identify all property boundaries, easements and/or wetlands existing on the subject property and has identified them on his / her site plan and application.

The Undersigned further agrees the City of Wells and its administrative staff and agents relied on the accuracy of this application, plans, and specifications relative to this project and holds the City of Wells and its employees harmless from all liability arising from the granting of this permit.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Approved by \_\_\_\_\_ **Date of Approval:** \_\_\_\_\_  
**Building Inspector**

Approved by \_\_\_\_\_ **Date of Approval:** \_\_\_\_\_  
**Zoning Administrator (Land Use Only)**

Not approved because: \_\_\_\_\_

**FEES**

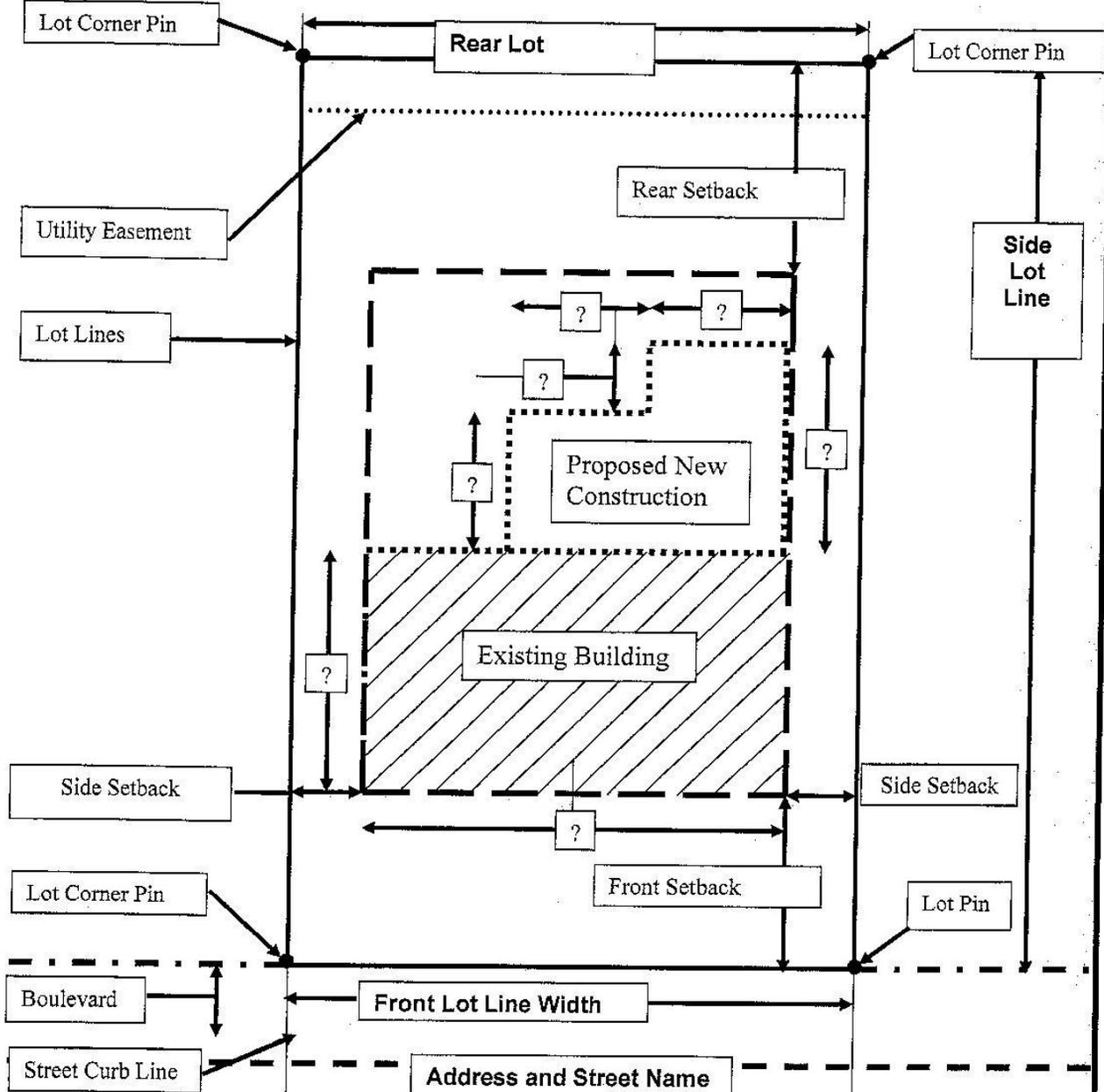
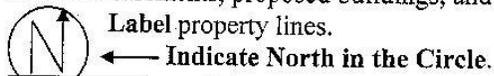
Land Use Permit \$ \_\_\_\_\_  
**TOTAL FEES** \$ \_\_\_\_\_

**Payment Received By** \_\_\_\_\_  
**Date** \_\_\_\_\_  
**Receipt No.** \_\_\_\_\_

**ZONING APPLICATION SKETCH**

Name SAMPLE OF SKETCH DRAWING Permit No. \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**ALL SKETCHES MUST BE DRAWN TO SCALE** and contain the following information: North Arrow, all abutting streets and alleys with names, dimensions of lot or lots, all existing buildings on lots, all existing utility lines and easements, proposed buildings, and distances from all property lines to existing or proposed buildings.



Remember when making the drawing, use the edge of the roof overhang for the setback requirements not the walls of the proposed construction.

### SKETCH PLAN

Checklist: Please be complete as possible. Include all of the items listed below.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> all structure locations | <input type="checkbox"/> structure dimensions | <input type="checkbox"/> lot dimensions   |
| <input type="checkbox"/> side lot setbacks       | <input type="checkbox"/> front lot setback    | <input type="checkbox"/> rear lot setback |
| <input type="checkbox"/> streets and alleys      | <input type="checkbox"/> north arrow          |   |

