



City of Vernon Center

101 Oak Street North
PO Box 385
Vernon Center, MN 56090
507-549-3240

CITY OF VERNON CENTER ZONING PERMIT APPLICATION

Date _____

Zoning Board Approval Date _____
1st signature _____
2nd signature _____

Variance or PH _____

Applicant _____

Address of Permit _____

Property ID# _____

Telephone # _____

Zone: Circle one: R-1 B-1 B-2 M-I

Type of Construction or Project:

Material Used _____

Structure Size Front/Width _____
Side/Length _____
Square Feet _____
Height of Structure _____
Number of Stories _____

Set Backs Front Yard _____
Rear Yard _____
Left Side Yard _____
Right Side Yard _____

Lot Size Front/Width _____
Depth _____

Estimated Start Date _____

Estimated Completion Date _____

Cost of the Project (in the case of a FREE building or materials, please indicate the value of the building or structure)
\$ _____

****Use the attached piece of paper to draw a plan showing the dimensions of the lot to build upon, the size and location on the lot of existing structures, the location and size of the proposed building, alteration, or use of the land and any required off street parking. If a structure is being moved in, a picture is required. If building a new structure, a like drawing of the structure is required.**

County Permit Required _____ Yes _____ NO
MN DOT Permit Required _____ Yes _____ NO
Water Lines Clear _____ Yes _____ No
Sewer Lines Clear _____ Yes _____ No

Comments:

Applicant's Signature