



2021 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
Payment required at time of application

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"/> Chain-link <input type="checkbox"/> Plastic <input type="checkbox"/> Iron <input type="checkbox"/> Other _____	Type: Privacy <input type="checkbox"/> Pool Enclosure <input type="checkbox"/> Kennel <input type="checkbox"/> Decorative <input type="checkbox"/> Other _____	Setbacks Front _____ from Side _____ property Side _____ line Rear _____	Height: _____
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Accessory Buildings: <i>(200 square feet or less)</i>	Size: Length _____ Width _____ Height _____	Construction Type: Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Other _____	Setbacks Side _____ from Side _____ property Rear _____ Line
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Do you have an existing detached accessory building on your property? No _____ Yes _____

Above-ground Pools: <i>(Under 5,000 gallons)</i>	Size: Dimensions _____ Depth _____ Wall Height _____	Enclosure: Deck / gated entrance <input type="checkbox"/> Fence (around pool) <input type="checkbox"/> Fence (around ladder) <input type="checkbox"/> Gated Ladder <input type="checkbox"/>	Setbacks Side _____ from Side _____ property Rear _____ line
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Applicant must submit an approved survey of the property at the time of application 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 (Please circle one)

Applicant's Signature: _____ **Date:** _____

