



Zoning Permit Application

SITE	Project Title	Construction Valuation
	Site Location (Please be specific. Include street, cross streets, or miles from)	
OWNER	Owner	Contact Person
	Owner Address	Phone Number
	City, State, Zip	Fax Number
CONTRACTOR	Contractor	Contact Person
	Contractor Address	Phone Number
	City, State, Zip	Fax Number
SET BACK	Front Lot Set-Back in Feet	Requests for changes in Lot Set-Back MUST be presented at the City Council Meeting. They meet the first Monday after the first Tuesday each month at 5:15 PM at the Halstad Telephone Company meeting room.
	Side Lot Set-Back in Feet	
	Back Lot Set-Back in Feet	
APPLICANT	Permit Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Designer <input type="checkbox"/> Contractor <input type="checkbox"/> Other; specify _____	
	Applicant's Printed Name	Applicant's Phone Number
	Applicant's Address	Applicant's E-Mail
	City, State, Zip	License/Registration Number (If applicable)
PROJECT	Class of Work: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Other; specify _____	
	Anticipated Start Date:	
	Project Description:	
<p><i>I hereby apply for a Zoning Permit and acknowledge that the information above is complete and accurate; that this is not a building permit; that the work will be performed in accordance with the conditions of the permit, the approved plans and specifications and, that I will cause the work to remain accessible and exposed for inspection purposes.</i></p>		
Applicant Name (Print)	Applicant Signature	Date
Permit Fees: \$35.00	FOR OFFICE USE ONLY	
Make check payable to: City of Halstad	Project Number:	Date:

Please return to:
City of Halstad, PO Box 135, Halstad, MN 56548
E-mail: halstad@rrv.net
OR
Halstad Municipal Utilities, 405 2nd Avenue West, Halstad, MN 56548
Phone: 218-456-2128; Fax: 218-456-2018; E-mail: hmuoffice@rrv.net