



CITY OF AURORA
 16 West 2nd Avenue North
 PO Box 160
 Aurora MN 55705
 Phone: 218-229-2614
 Fax: 218-229-3198

ZONING PERMIT APPLICATION
 Permit Number _____

1. Name of Property Owner _____
2. Address _____
3. Phone _____ (primary) _____ (alternate)
4. Legal Description: (From your tax statement or value notice)
 Block Number _____ Lot _____ Plat Area _____
5. Parcel Code Number _____
6. Are you receiving homestead classification for this property? Yes No
7. Check type of residence: Single Family Duplex Other _____
8. Contractor: Name _____
 Address _____
 City State Zip _____
 Phone _____ License Number _____
9. Check Class of Work New Addition Repair Remove Replace Move
10. Describe the work to be considered for approval on this Zoning Permit Application:

11. Use of Building Residential Commercial Other
12. Estimated cost of improvements, including labor \$ _____

NOTICE

This permit becomes null and void if work or construction authorized is not commenced within 120 days, or if construction or work is suspended or abandoned for a period of 120 days at any time after work is commenced. Work is to be completed in one (1) year. This permit is granted upon the express conditions that said owner or the person to whom it is granted, and his contractors, agents, workmen and employees, shall comply in all respects with the ordinances of the City of Aurora; that it does not cover the use of public property, such as streets, sidewalks, alleys, etc., for which special permits must be secured; and that it does not cover the following: Electrical Work, Plumbing, Heating, Materials, etc., if such there be.

I 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 regulating construction or the performance of construction.

 Signature of Applicant

 Date

 Approved for Issuance by Planning & Zoning Representative

 Date

Copy to property owner and/or contractor Initial _____

Permit Application Fee \$40.00



CITY OF AURORA
16 West 2nd Avenue North
PO Box 160
Aurora MN 55705
Phone: 218-229-2614
Fax: 218-229-3198

ZONING PERMIT APPLICATION INSTRUCTIONS

- Complete and sign a Zoning Permit Application.

- Provide a Site Plan (worksheet included) of the property, showing all property lines, road right-of-ways, easements, existing buildings (with dimensions) and project address. Diagram the proposed building location, dimensions and proposed setbacks from property line.
Definitions:
Setback. The minimum horizontal distance from a building, hedge, fence, wall or structure to the street or lot line.
Front setback requirement of at least 25 feet from property line measures approximately 58 feet from the center of the street.

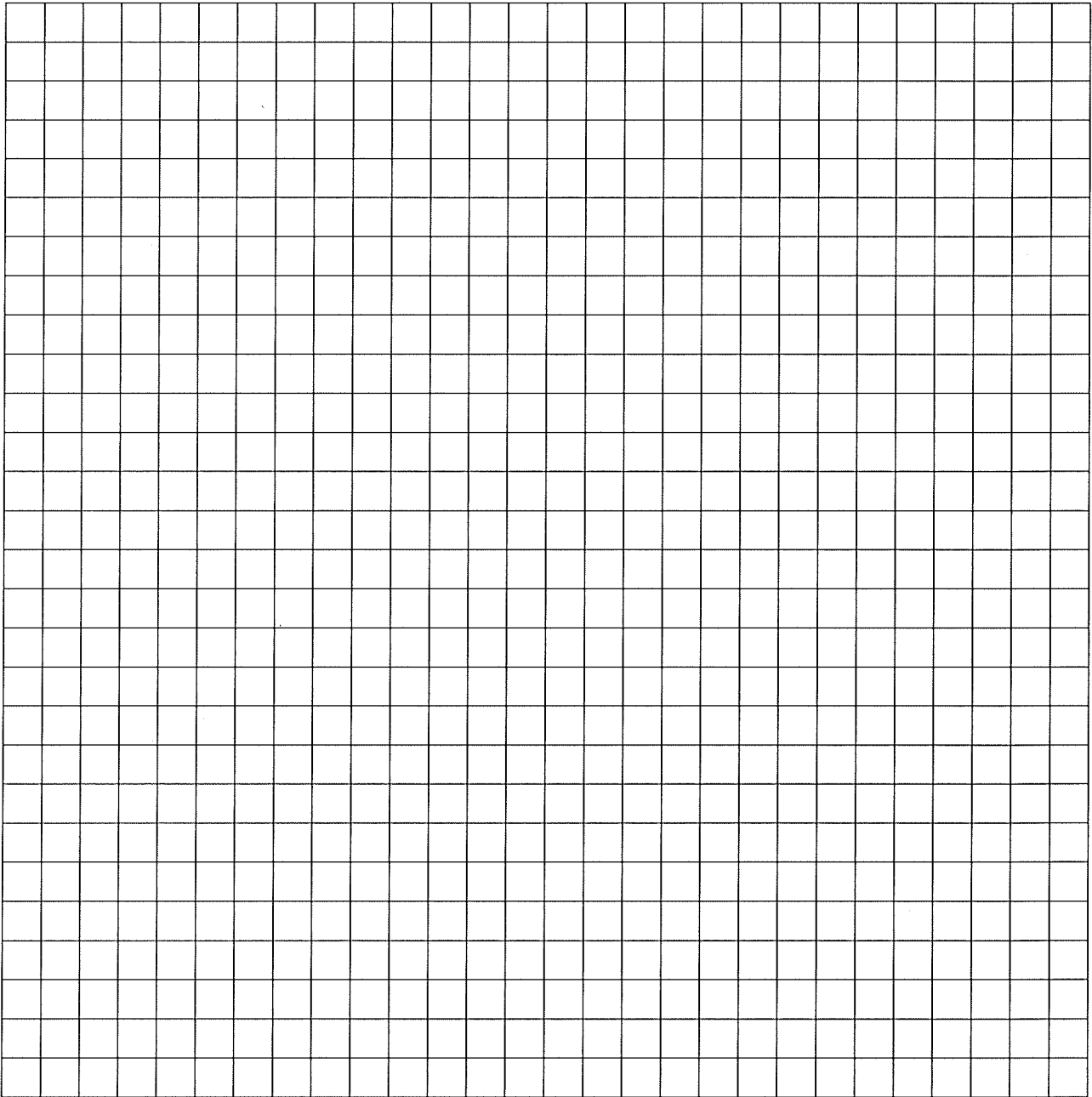
- Pictures are helpful but not required.

- All contractors must be licensed by the State of Minnesota and comply with the State Building Code.

- Bring the completed Zoning Permit Application, Site Plan and \$40.00 Application Fee to the City Clerk's Office.

- Completed Zoning Permit Application will be submitted to the Planning & Zoning Commission for approval. You will be notified if further action is required.

- Contact Gopher State One Call at 800-252-1166 or www.gopherstateonecall.org before you dig (information pamphlet included).



Site Plan to Scale

Show dimensions of lot and all existing and proposed structures, distances from front, side and rear lot line setbacks to all existing and proposed structures. Show alley and street names abutting lot and easements.

I certify that the proposed construction will conform to the dimension and uses shown and that no changes will be made without first obtaining approval.

Signature _____ Date _____

Project Address _____