

| Date |  |
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|      |  |

200 MAIN STREET EAST, SLEEPY EYE, MN 56085 (507) 794-3731 X ZONING PERMIT

Permit Number

| Pl  | ease Print Infor  | mation Below //  | Email Permits To:         | permits@sleepyeye-n         | nn.com                          |  |
|---|-------------------|------------------|---------------------------|-----------------------------|---------------------------------|--|
| SITE ADDRESS:   |                   |                  |                           | P.I.N:                      |                                 |  |
| OWNER NAME:   |                   |                  |                           | Phone:                      |                                 |  |
| (and address if different than Site   | e Address)        |                  |                           | Email:                      |                                 |  |
| Lot   | Block             | Additio          |                           |                             |                                 |  |
| A plot plan of proposed structions. Plot plan to be sketche   |                   |                  | tion. Plan shall show lo  | cation of building on prope | rty and set backs from property |  |
| STRUCTURE USE:  Residential   | Commerci          |                  | Addition                  | Remodel                     | Replacement/Repair              |  |
| PERMIT TYPE:  | Utility She       | ed Fence         | Ot                        | ner                         |                                 |  |
| HOMEOWNER   | CONTRACTOR:       |                  |                           | License:                    |                                 |  |
| (Property Owner form required)  | Contact:          |                  |                           | Phone:                      |                                 |  |
| CONTRACTOR  | Address:          |                  |                           | Email:                      |                                 |  |
|   | City, State, Zip: | :                |                           |                             |                                 |  |
| WORK DESCRIPTION:   |                   |                  |                           | Estimated Value: \$         |                                 |  |
|   |                   |                  |                           |                             |                                 |  |
|   |                   |                  |                           |                             |                                 |  |
| Is this home older than 1978?   | No                |                  | Certification License No. |                             |                                 |  |
| This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if constructionor work is suspended or abandoned for a period of 180 days at any time after work has commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provision 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 provision of any other state or local laws regulating construction or the performance of construction. |                   |                  |                           |                             |                                 |  |
| Signature of Applicant:   |                   |                  |                           | Date:                       |                                 |  |
|   |                   | OFF              | ICE USE ONLY              |                             |                                 |  |
| Date Received:  |                   |                  | Permit Valua              |                             |                                 |  |
| Zoning District:  |                   |                  | Type of Constru           |                             | Other                           |  |
| Structure Height:   |                   |                  | Occupancy                 | Type: IR-3 OR B             | Other                           |  |
| Code Used:  | IRC IBC           | Other            | Sprinkled Bui             | lding: Yes                  | No                              |  |
| Setbacks: Propo   | osed: Front:      | Rear:            | Side:                     | Si                          | de:                             |  |
| Required: Fro   | ont: 25' R        | ear: 4' or 25'   | Side: Lot 7.5',           | Street 25'                  | Side: Lot 7.5', Street 25'      |  |
| Comments:   |                   |                  |                           |                             |                                 |  |
|   | NG PERMIT FEES    | 5                |                           | TRANSACTIO                  | N                               |  |
| Permit Fee: \$  |                   | Date Received:   |                           |                             |                                 |  |
| Plan Review Fee: \$   |                   | Form of Payment: |                           |                             |                                 |  |
| State Surcharge: \$   |                   |                  | Issue Date:               |                             |                                 |  |
| Building Permit Total: \$   |                   |                  | l l                       | ssued By:                   |                                 |  |
| Zoning Administrator:   |                   |                  |                           |                             | Date:                           |  |



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| 200 N            | MAIN STREET EAST, SLEEPY EYE, MN 56085 (507) 794-3731 Permit Number  |
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| ITE ADDRESS:     |  |
| WNER NAME:       |  |
|                  | Plot Plan Alley or Street  |
|                  |  |
|                  |  |
|                  |  |
| Lot<br>or Street | Lot<br>or Street   |
|                  |  |
|                  |  |
|                  |  |
|                  |  |
|                  | Alley or Street  |
| Initial          | -  |
| -                | Property owner or the owner's agent is responsible for identifying and marking the property lines.   |
|                  | A survey may be required if the property lines cannot be located.  |
|                  | For fencing or utility sheds, you must stake-out the dimensions (minimum of four stakes) clearly identifying location of project.  |
|                  | steating the state of the state |

#### Show the following information:

- Dimension of Lot
- Size of Building
- Set Back from Front Lot Line
- Distance from Side Lot Line
- For Buildings in Rear of Lot, Show
   Distance from Alley Lot Line



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#### INFORMATION NEEDED TO APPLY FOR ZONING PERMIT

- 1. Name of property owner and address.
- 2. Purpose of the permit.
- 3. Kind of Construction (i.e. fence or utility shed (up to 120 square feet)
- 4. Names of contractors and license number of general contractor, if used.
- 5. Site plan should include dimensions of the propsed construction and existing structures as to width and length. Also include height, number of stories and square footage of the improvement. This should be done to scale or as close as possible. It is important that the <u>distance from the front, sides and rear lot lines of existing structures and proposed construction are shown</u>. (See sample below).

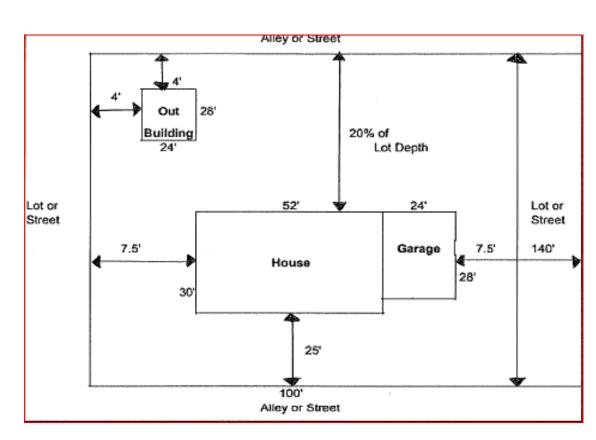
Fencing may be installed on the property line of neighboring lots if propery line is located. If you do not locate the property line, you must stay two feet from proposed property line.

Utility sheds of 120 square feet or less to be placed no less than two feet from neighboring lot lines and the propertypins must be located (minimum of 3)

When all pertinent information has been submitted, a zoning permit application will be completed and signed by the property owner or by the contractor on behalf of the property owner. The setbacks will be checked by an authorized City employee.

This process will take about 5 days, provided all necessary information has been included on the application and setbacks have been met.

Setback Requirements
Front yard setback: 25'
Side yard setback: 7.5'
Side yard setback for
residential building
over 25' in height: 15'
Rear yard setback: 20%
of lot depth





#### 200 MAIN STREET EAST, SLEEPY EYE, MN 56085 (507) 794-3731

Adopted June 10, 2014 Effective August 1, 2014

Zoning Permit (fencing and storage buildings up to and including 120 square feet)

\$27.50



PROPERTY OWNER -SELF FORM

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#### **BUILDING PERMIT APPLICANT: PROPERTY OWNER - SELF FORM**

| I understand that the State of Minnesota requires that all re   | esidential building contractors, remodelers | and roofers   |  |  |  |
|---|---|---------------|--|--|--|
| obtain a state license unless they qualify for a specific exem  | ption from the licensing requirements. By   | signing this  |  |  |  |
| document, I attest to the fact that I am building or improvin   |   |               |  |  |  |
| the state licensing requirements because I am not in the bus  |   | · ·           |  |  |  |
| - '   |   |               |  |  |  |
| the house for which I am applying for this permit, located at   |   |               |  |  |  |
| residential structure I have built or improved in the past 24   | _   |               |  |  |  |
| have a state license, I forfeit any mechanic's lien rights to w   | hich I may otherwise have been entitled u   | nder Minn.    |  |  |  |
| Stat. 514.01.   |   |               |  |  |  |
|   |   |               |  |  |  |
| Furthermore, I acknowledge that I may be hiring independe   | ·   |               |  |  |  |
| construction or improvement of this house and I understand  | •   | •             |  |  |  |
| be licensed by the State of Minnesota. I understand that un   | <u> </u>                                    | -             |  |  |  |
| roofing activity is a misdemeanor under Minn. Stat. 326.92 s  | ,   | to reimburse- |  |  |  |
| ment from the Contractor's Recovery Fund in the event that  | t any contractors i nire are unlicensed.    |               |  |  |  |
| Lalso acknowledge that as the contractor on this project. La  | um solely and nersonally responsible for ar | v violations  |  |  |  |
| I also acknowledge that as the contractor on this project, I am solely and personally responsible for any violations of the state building code and/or city ordinance in connection with the work performed on this property. |   |               |  |  |  |
| of the state ballating code and/or city ordinance in connection with the work performed on this property.   |   |               |  |  |  |
|   |   |               |  |  |  |
|   |   |               |  |  |  |
|   |   |               |  |  |  |
|   |   |               |  |  |  |
| <del>-</del>  |   |               |  |  |  |
| 9   | Signature of Proprty Owner                  |               |  |  |  |
|   |   |               |  |  |  |
| <u>-</u>  |   |               |  |  |  |
|   | Date  |               |  |  |  |

To determine whether a particular contractor is required to be licensed, or to check on the licensing status of individual contractors, please call Minnesota Department of Commerce, Enforcement Division, at (651) 205-4709.