CITY OF OSAKIS
14 Nokomis Street East
PO Box 486
Osakis, MN 56360
FAX: (320) 859-3978
Email: osakiscityls@arvig.net
Office: 320-859-1201 or 320-859-2150

For Office Use Only		
DATE RCVD.		
Permit Fee	**$**	**30.00**
DATE PAID		

Zoning Permit Application

1. Site Address: _____

2. Owner: _____ Phone: _____

3. Contractor: _____ Phone: _____

4. **AWNING** (size & description): _____

5. **DECK** (area does not exceed 200 sq ft. / not more than 20 in. above grade): _____

_____

6. **FENCE** (under 6 ft high)(3 ft setback)(size & description): _____

7. **DRIVEWAY** (new): _____

8. **LANDSCAPPING** (describe work to be done): _____

_____

9. **GRADING & FILLING in the Shoreland Management District** (the movement of more than ten (10) cubic yards of material on steep slopes or within shore or bluff impact zones) (describe work to be done & total cubic yards of material): _____

_____

10. **SHED** (under 200 sq ft)(size & description): _____

(No structure shall be constructed in the front yard & shall not be closer than 5 feet to the principal structure. Side yard setback is 10 feet. Rear yard setback is 5 feet.

Osakis Properties - shed cannot be larger than 160 sq. ft. See covenantes for more information.

11. **SIGN** (size & description): _____

12. Estimated Cost of Project (Including Materials & Labor): _____

13. Approximate Start Date: _____

BEFORE CONSTRUCTION BEGINS, PERMIT FEE MUST BE PAID AND OFFICIAL PERMIT POSTED ON SITE

Additional Information Required on Reverse

The following information is required when submitting your application:

_____ SITE PLAN (drawn to scale) WITH ALL LOT AREA AND SETBACK REQUIREMENTS MET.

_____ SPECIFICATIONS FOR PROPOSED SIGN(S).

_____ LANDSCAPPING PLANS.

_____ DRAINAGE PLANS.

_____ OTHER INFORMATION REGARDING YOUR PROPOSED PROJECT:

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. I have identified all property boundaries, easements, flood zones and/or wetlands existing on the property on my survey and application. The undersigned further agrees the City and its' administrative staff relied on the accurateness of this application, plans and specifications relative to this project and holds the city of Osakis, and its employees harmless from all liability arising from the granting of this permit.

AUTHORIZED SIGNATURE OF OWNER OR BUILDER

Permit expires one year from this date

ZONING STAFF