



City of
BRAHAM

"Building A Better Tomorrow"

Fence: 6 Ft or less in height
 Driveway/Parking Pad
 Accessory Building: 120 Sq Ft or less
 Sign

**Zoning
 Permit Application**

Date _____	
Site Address: _____ Unit No. _____	
Legal Description: _____	
Applicant is: ___ Owner ___ Contractor, Architect, Engineer, etc.	
PROPERTY OWNER	Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Email _____
CONTRACTOR <i>Responsible for calling to have locates to be conducted if necessary?</i> ___ Yes ___ No	Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Email _____
Work to be completed	<input type="checkbox"/> Fence <input type="checkbox"/> Driveway/Parking Pad <input type="checkbox"/> Accessory Building <input type="checkbox"/> Sign
TYPE OF PERMIT _____ Residential Subdivision _____ Other (Commercial, Industrial, etc.)	
Estimated Completion Date _____	
Estimated acreage of disturbed area _____	
Description of Work _____	
Material to be used: _____	

I hereby apply for a zoning permit and I acknowledge that the information provided herein is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Braham and with the MN Building Codes; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans. Separate permits are required for electrical, plumbing and mechanical work.

Applicant's Signature

Date

PLEASE DO NOT WRITE BELOW THIS LINE

Conditions of Issuance _____

Permit Approved by _____

City Administrator

Date

ZONING PERMIT APPLICATION

A SITE MAP AND PLAN ARE REQUIRED TO BE SUBMITTED WITH THE APPLICATION.