

CITY OF HOKAH

**PERMIT # _____
APPLICATION FOR ZONING PERMIT**

102 Main Street
P.O. Box 311
Hokah, MN 55941
507-894-4990

Office Use Only	
Approved by:	_____
Approved Date:	_____
Paid:	_____
Renewal by:	_____

**Property Owner's Name
(Please Print)**

Mailing Address: _____
City _____ State _____ Zip _____
Phone #: Home: _____ Work _____ Cell _____
Date of Application: _____

PROJECT SITE ADDRESS:

General Contractor: _____ License# _____ Phone# _____
Proposed Use: Dwelling _____ Private Garage _____ Deck _____ Home Addition _____
Pole Building _____ Utility Shed _____ Three Season Porch _____
Business/Commercial _____ Other _____

Description of Project: _____

Please attach to this Application a second page detailing a drawing of your project.

Please draw outline of property and position of planned construction of any new building. Indicate direction, set backs, and distance from other structures.

Dimensions: _____
Est. Value: _____ Lot Size: _____

This permit becomes null and void if work or construction authorized is not commenced within 90 days, or if construction or work is suspended or abandoned for a period of 90 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 provisions of laws and ordinances governing this type of activity or 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.

Applicant Signature: _____ Date: _____

Office Use Only

PLANNING COMISSION: Zoning District: _____ Minimum setbacks required: Front _____
Side: _____ Rear _____ Road Right of Way _____ Other: _____
Reviewed by: _____ Date: _____
Subject to the following Conditions: _____

ZONING: Reviewed by: _____ Date: _____
Subject to the following Conditions: _____

PUBLIC WORKS: Reviewed by: _____ Date: _____
Subject to the following Conditions: _____

**After you return this document to the City Administrators office,
your Application will be reviewed at the next Planning Commission meeting, held 2nd. Tuesday of each month.**

FEES: Zoning Permit : _____ TOTAL: _____
Plan Review : _____ DATE: _____
State Surcharge : _____ VALUATION: _____
OTHER : _____ RECEIPT: _____
ISSUED BY: _____