

CITY OF IVANHOE

"The Storybook Town"

P.O. Box 54, Ivanhoe, Mn 56142

Ph: (507) 694-1738 Fax: (507) 694-1278

Application for Consideration of Planning and/or Building Permit

Name of Owner: _____ Date: _____

Address of Owner: _____

Phone # _____

Type of Permit Requested ___ Building ___ Conditional Use ___ Interim Use ___ Other

Mark application for a Permit to (circle the appropriate word):

Build, Install, Add to, Alter, Repair, Move in, Wreck, Remodel, _____

A building described as follows:

Kind of Construction: _____

Use of Building: _____

Front Width: _____ Side/ Length: _____

Height: _____ Sq Footage: _____

Physical Location of Improvement

Physical Address: _____

Width of Lot: _____ Length of Lot: _____

Distance from Side Lot Line: _____ Rear Lot Line: _____ Front Lot Line: _____

Attach a Site Map and Drawing of Proposed Building, Changes, Etc.

Applicant Signature: _____

Zoning Administrator Signature: _____

Application Fee: \$ _____