

ZONING PERMIT APPLICATION

City of Albany-P. O. Box 370, Albany, MN, 56307 (320)845-4244 Fax:(320)845-2346

For Office Use Only	
Permit # _____	Zoning Classification: _____
Date Filed: ____ / ____ / ____	Permit Fee: _____
	PID # _____

Site Address	
Property Owner(s) Name(s) (Please print)	Daytime Phone #
Owner(s) Address (if different from above)	
Legal Description of Site LOT: BLOCK: ADDITION:	Current Use of Property: Type of Request (circle): Sign Shed Deck (must be under 30") Other (describe) _____ SIZE: Length: _____ Width: _____ Sq. Ft.: _____ Sidewall height: _____
DESCRIBE CLEARLY THE REASON FOR THIS REQUEST:	
LIST CONSTRUCTION MATERIALS TO BE USED:	
ALL OR PART OF THE FOLLOWING INFORMATION (if applicable) IS REQUIRED WITH APPLICATION: <ol style="list-style-type: none">1. Site plan drawn to scale showing actual size and shape of parcel and proposed project dimensions2. All existing signs on the property and their respective locations with dimensions, setbacks, and height noted (including window signs)3. Specifications for signs – include distance from building wall surface for wall mounted signs4. Locations of all structures and their square footages5. Public right-of-ways, sidewalks, curb cuts, driveways, parking, access roads, easements, etc.6. Installation of fence must conform to the Zoning Ordinance7. Only one detached accessory building per property site	

I hereby certify, with my signature, that all data on my application, plans and specifications, are true and correct. I assume responsibility for executing this request within Albany City Ordinances. Application for a zoning permit shall be considered permission on the part of the applicant to allow inspection of the property by officials.

AUTHORIZED SIGNATURE OF OWNER(S)

TOM SCHNEIDER, ZONING ADMINISTRATOR

DATE: ____ / ____ / ____