

**ZONING PERMIT APPLICATION  
CITY OF CLEVELAND  
PO Box 309, Cleveland, MN 56017  
(507) 931-6380**

Permit No. \_\_\_\_\_

COST: \_\_\_\_\_

**GENERAL INFORMATION**

- 1) Address: \_\_\_\_\_
- 2) Legal Description: \_\_\_\_\_
- 3) Owner: \_\_\_\_\_ Address: \_\_\_\_\_
- 4) Contractor: \_\_\_\_\_ Address: \_\_\_\_\_
- 5) Type of Construction: \_\_\_\_\_ New \_\_\_\_\_ Addition \_\_\_\_\_ Repair \_\_\_\_\_ Demolition \_\_\_\_\_ Other
- 6) Description: \_\_\_\_\_  
\_\_\_\_\_
- 7) Use / Occupancy: \_\_\_\_\_

**ZONING INFORMATION**

- 1) Setbacks: Front Yard \_\_\_\_\_ ft.                      2) Lot Dimensions: Width \_\_\_\_\_ ft.  
Rear Yard \_\_\_\_\_ ft.    Depth \_\_\_\_\_ ft.  
Side Yards \_\_\_\_\_ ft.    Coverage \_\_\_\_\_ ft.
- 3) Height: \_\_\_\_\_ ft./stories                      4) Zoning: \_\_\_\_\_

**APPLICANT'S ACKNOWLEDGEMENT AND SIGNATURE**

The undersigned hereby represents upon all of the penalties of law, that all statements herein are true and that all work herein mentioned will be done in accordance with applicable City ordinances and State statutes. This application must be accompanied by a site plan. The Zoning Permit must be posted conspicuously at the site during the construction. A Zoning Permit is valid for one year from the date of issue unless otherwise stated on the permit.

\_\_\_\_\_  
Applicant    Date                      Zoning Administrator    Date

*For Official Use Only*

**ZONING ACTION**

\_\_\_\_\_ Permitted Use    \_\_\_\_\_ Accessory Use    \_\_\_\_\_ Conditional Use    \_\_\_\_\_ Variance    \_\_\_\_\_ Rezoning

Comments: \_\_\_\_\_

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Fees:	Zoning Permit Application	\$ _____
	Conditional Use Application	\$ _____
	Variance Application	\$ _____
	Rezoning Application	\$ _____
	TOTAL	\$ _____