

PROPERTY OWNER: _____

PROPERTY ADDRESS: _____

LEGAL DESCRIPTION: _____

TELEPHONE NUMBERS: _____

PROPOSED PROJECT DESCRIPTION: _____

DIMENSIONS: _____ TOTAL SQUARE FEET: _____

PROPOSED SETBACKS: front: _____ rear: _____ side: _____ side: _____

IF APPLICABLE:

Number of Accessory Buildings on Property: _____ and Total Square Footage: _____

IMPERVIOUS SURFACE: Current: _____ Proposed: _____

OWNER/APPLICANT SIGNATURE: _____ DATE: _____

For City Use Only

The above described property is zoned ____ and is intended for the following use: residential/business (circle one)

Required setbacks: Principal or Accessory Structures: Front _____ Back _____ Side _____ Side _____

Principal Structure Sq footage minimum: _____ Accessory Structures sq footage allowed _____ # allowed _____

Impervious Surface Percent (Shoreland District only, 25% allowed): _____ Tree Preservation Plan Provided _____

Additional notes/restrictions: _____

Finance Review:

Assessments _____ Park Dedication _____ Outstanding Legal/Eng. Fees _____

WAC _____ SAC _____ Water meter _____ Escrow _____

This is to certify that the above described project: (check one)

Is allowed under the City Zoning Ordinance and does not need any further approval by the City of Taylors Falls.
A building permit for the above described project may be issued.

Survey/variance/conditional use permit (circle one) required prior to City Approval.

Under the City Zoning Ordinance is allowed with the attached variance approval; or with the attached conditional use permit and must follow the conditions as ordered by the Taylors Falls City Council. Those conditions are (attach conditions per Council approval:

Additional comments:

Taylors Falls City Administrator

Date