

ROCK COUNTY PLANNING AND ZONING

APPLICATION FOR A LAND USE PERMIT

NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____

STATE/ZIP: _____

TOWNSHIP: _____

SECTION: _____

* Mark location in the quarter/quarter box.

NW NW	NE NW	NW NE	NE NE
SW NW	SE NW	SW NE	SE NE
NW SW	NE SW	NW SE	NE SE
SW SW	SE SW	SW SE	SE SE

APPLICATION TO:

ERECT ADD TO ALTER MOVE DEMOLISH OTHER

USE/TYPE OF STRUCTURE _____

(NEW HOMES MUST OBTAIN AN E911 ADDRESS)

OUTSIDE DIMENSIONS OF STRUCTURE: _____

ESTIMATED COST OF PROJECT: _____

TYPE OF FRAMING: **WOOD STEEL CONCRETE POLE HOOP OTHER** _____

TYPE OF SKIN: **WOOD STEEL VINYL BRICK CONCRETE OTHER** _____

SETBACK FROM THE CENTERLINE OF ROAD (in feet): _____

STRUCTURE HEIGHT: PEAK: _____ SIDEWALL: _____

TENTATIVE START DATE: _____ COMPLETION DATE: _____

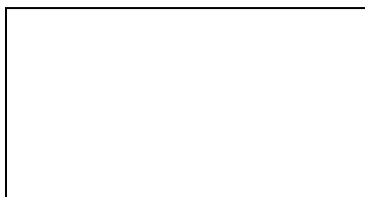
PERMIT FEE: \$ _____

PLEASE NOTE:

For a new family dwelling or a bedroom addition, you **MUST OBTAIN A SEPTIC SYSTEM PERMIT** by contacting the Rock County Land Management Office at 507-283-8862 Ext. 3 before construction.

For a new, expanding, or otherwise altered feedlot(s), including transfer of ownership you **MUST OBTAIN A FEEDLOT PERMIT** from the Rock County Land Management Office or the Minnesota Pollution Control Agency before construction. For technical assistance on manure management systems, including costs and design options, contact the Rock County Land Management Office at 507-283-8862 Ext. 3.

Signature: _____ **Date:** _____



FOR OFFICE USE

RECEIPT NUMBER: _____

PARCEL NUMBER: _____ - _____ - _____

E911 ADDRESS: _____

Date STAMP / initial