ROCK COUNTY PLANNING AND ZONING

APPLICATION FOR A LAND USE PERMIT

| NAME: | | | | | |
|---|-----------------|--------------|----------|-------------|-----------------------------------|
| HOME PHONE:CELI | L PHONE:_ | | | | |
| ADDRESS: | CITY: | | | | |
| STATE/ZIP: | NW NW | NE NW | NW NE | NE NE | |
| TOWNSHIP: | SW NW | SE NW | SW NE | SE NE | |
| SECTION: * Mark location in the quarter/quarter box | NW SW | NE SW | NW SE | NE SE | |
| APPLICATION TO: | SW SW | SE SW | SW SE | SE SE | |
| ERECT ADD TO ALTER MOVE DEMOLI | SH OTHE | \mathbf{R} | | | |
| USE/TYPE OF STRUCTURE | | | | | |
| CLASS OF STRUCTURE: DWELLING AG LIV | ESTOCK (| COM | MER | CIAL | PERSONAL |
| OUTSIDE DIMENSIONS OF STRUCTURE: | | | | | |
| ESTIMATED COST OF PROJECT: | | | | | |
| TYPE OF FRAMING: POLE WOOD STEEL C | ONCRETE | НС | ОР | OTH | ER |
| TYPE OF SKIN: WOOD STEEL VINYL BRIC | K CONCR | ETE | OT | HER_ | |
| SETBACK FROM THE CENTERLINE OF ROAD (in | n feet): | | | | |
| SETBACK FROM SIDE YARD (in feet): | REAI | R YAF | RD (in | feet): | : |
| TRUCTURE HEIGHT: PEAK:SIDEWALL: | | | | | |
| TENATIVE START DATE: C | OMPLETIO | N DA | TE:_ | | |
| PERMIT FEE: \$ | | | | | |
| PLEASE NOTE: For a new family dwelling or a bedroom addition, you MUST OBT County Land Management Office at 507-283-8862 Ext. 3 before co | | IC SYS | STEM_ | <u>PERM</u> | <u>IIT</u> by contacting the Rock |
| For a new, expanding, or otherwise altered feedlot(s), including transfrom the Rock County Land Management Office or the Minnesotal assistance on manure management systems, including costs and des 507-283-8862 Ext. 3. | Pollution Contr | ol Age | ncy bef | fore cor | nstruction. For technical |
| Signature: | | 7 | Date | , • | |

| | FOR OFFICE USE | | | |
|----------------------|-----------------|--|--|--|
| Date STAMP / initial | RECEIPT NUMBER: | | | |