



# CITY OF IVANHOE

*"The Storybook Town"*

PO Box 54, Ivanhoe, MN 56142

Ph: (507) 694-1738 Fax: (507) 694-1278

## Application for Consideration of Planning and/or Building Permit

Name of Owner: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of Permit Requested:  Building  Conditional Use  Interim Use  Other

Make application for a permit to (circle the appropriate word):

build, install, add to, alter, repair, move, move in, wreck, remodel, \_\_\_\_\_

A building described as follows:

Kind of Construction: \_\_\_\_\_

Use of Building: \_\_\_\_\_

Front Width: \_\_\_\_\_ Side/Length: \_\_\_\_\_

Height: \_\_\_\_\_ Sq Footage: \_\_\_\_\_

### Physical Location of Improvement

Physical Address: \_\_\_\_\_

Width of Lot: \_\_\_\_\_ Length of Lot: \_\_\_\_\_

Distance from Side Lot Line: \_\_\_\_\_ Rear Lot Line: \_\_\_\_\_

Front Lot Line: \_\_\_\_\_

**Attach a Site Map and Drawing of Proposed Building, Changes, Etc.**



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Applicant Signature: \_\_\_\_\_

Zoning Administrator Signature: \_\_\_\_\_

Application Fee: \_\_\_\_\_