CITY OF BROWERVILLE
APPLICATION FOR ZONING PERMIT

Date Received:_____Received By:_____Permit #:_____

APPLICANT INFORMATION

Applicant Name: _____ Mailing Address: _____

City/State/Zip: _____ Phone:_____ Email: _____

Project Address: _____ Parcel Id#: _____ - _____

General Contractor:_____ License #: _____Phone:_____

Plumber: _____ License #: _____Phone:_____

Electrician: _____ License #: _____Phone:_____

PROJECT INFORMATION

DESCRIPTION OF PROJECT: _____

_____

INTENDED USE (CHECK ONE) ___ RESIDENTIAL ___ GARAGE ___ STORAGE SHED ___ DECK/PORCH ___ COMMERCIAL/OFFICE

___ INDUSTRIAL ___ AGRICULTURE ___ OTHER (EXPLAIN) _____

TYPE OF PROJECT (CHECK ONE) ___NEW CONSTRUCTION ___ ADDITION ___ RELOCATION ___ REPAIR

STRUCTURE SIZE HEIGHT: _____ WIDTH: _____ DEPTH: _____ NUMBER OF STORIES: _____

ATTACH A DRAWING OF YOUR CURRENT LOT WITH REQUESTED ADDITIONS/CHANGES.

_____ _____

APPLICANT SIGNATURE DATE

COUNCIL DATE _____APPROVED _____ DENIED_____

**** REMEMBER TO CALL GOPHER 1 **BEFORE** DIGGING (1-800-252-1166) FOR UNDERGROUND UTILITIES LOCATION****