

PERMIT APPLICATION

Grey Eagle Township
214 East State Street, PO Box 202
Grey Eagle, MN 56336

Parcel # _____

SHORELAND DISTRICT YES ___ NO ___

GENERAL INFORMATION TO BE COMPLETED BY APPLICANT

Owner: _____

Contact Address: _____

Contact Phone # _____ Contractor Phone # _____

Site Address: _____

Legal Description (911 address if available) _____

APPLICATION FOR:

___ CONDITIONAL USE, ___ INTERIM USE ___ VARIANCE
___ SITE PERMIT ___ SEWER PERMIT ___ AGRICULTURAL SITE PERMIT

FOR NEW CONSTRUCTION, PLEASE CHECK TYPE OF WORK:

___ SINGLE FAMILY ___ ACCESSORY BUILDING ___ ADDITION OR ALTERATION
___ COMMERCIAL ___ OTHER

Describe in detail the purpose of this application: (Attach additional sheets, if necessary) _____

Value: _____

Owner

Date: _____

Owner

Please attach the required information as listed on the information sheet for the permit requested.

Approved Denied Date: _____

Zoning Administrator