



204 SHAMROCK DRIVE ARLINGTON, MN 55307 Phone: 507-964-2378

Administrative
Permit
Fee: \$82

Application Date: _____

The purpose of an Administrative Permit is to establish regulations and procedures for the processing and consideration of activities allowed by administrative permit (also referred to as a zoning permit), and of matters requiring the approval of the City Administrator or designee with the goal of protecting the health, safety, and general welfare of the public.

Applicant: _____ PHONE: _____

ADDRESS: _____

I/We, the undersigned, hereby make the following application to the Zoning Official of the city of Arlington, Minnesota. Applicants have the responsibility of checking all applicable ordinances pertaining to their application and complying with all ordinance requirements.

1. Application is hereby made for: (Applicant must list any/all requests)

2. Legal description of land affected by the application, including acreage or square footage of land involved and street address, if any:

3. Present Zoning of Described Property:

Continue to next page,

4. Name, address and phone number or present owner of above described land:

5. Persons, firms, corporations, etc. other than applicant and present owner who may or will be interested in above described land or proposed improvements within one year of permit issuance:

6. Permit is requested to allow (describe request):

7. Attach additional material submission requirements as indicated:

1. Site Plan
2. Fee

By signing this application form, I agree that all fees and expenses incurred by the City for the processing of this application, including costs for professional services, are the responsibility of the applicant and property owner to be paid immediately upon receipt or the City may approve a special assessment for which the property owner specifically agrees to be assessed for 100 percent for annum and waives any and all appeals under Minnesota Statue Section 429.081 as amended. All fees and expenses are due whether the application is approved or denied.

I, the undersigned, hereby apply for the consideration described above and declare that the information and materials in support of this application are in compliance with adopted City policy and ordinances requirements are complete to the best of knowledge.

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I understand that this application will be processed in accordance with established City review procedures and Minnesota Statutes Section 15.99 as amended, at such time as it is determined to be complete. Pursuant to Minnesota Statutes Section 15.99, the City will notify the applicant within fifteen (15) business days from the filing date of any incomplete or other information necessary to complete the application. Failure on my part to supply all necessary information as requested by the City may be cause for denying this application.

Applicant Signature: _____ Date: _____

Owner Signature: _____ Date: _____

FOR OFFICE USE ONLY: ROUTE TO ZONING OFFICIAL

Date Submitted: _____ **Date Complete:** _____

Zoning Administrator Action (circle One): **Approval/Denial** **Date of Action:**

Date Applicant/Property Owner notified of Zoning Administrator Action:

Filed in Address File: