

Land Management and Zoning of Watonwan County

Building Permit Application

Permit # _____

Parcel ID Number: _____

Applicant's Name: _____ Phone: _____

Applicant's Address: _____

Name of Owner(s): _____

Address of Property: _____ Number of Acres: _____

Location Description: _____ ¼ of Sec: _____ of Township: _____ Zoning District: _____

Need to apply for new address: Yes No (Fill out new address application)

Use for Proposed Structure: Personal/Commercial Ag Other: _____

Is proposed construction within 1000 feet of a public body of water? : Yes No

Is there an easement effecting this property? Yes No

Is proposed construction in the flood plain? Yes No

Does proposed construction include addition of bathroom(s) or bedroom(s)? Yes No

Building Description: _____

Building Dimensions: _____ Number of Bedrooms: _____

Contractor's Name: _____ Registration Number: _____

Estimated Cost: \$ _____ Estimated Date of Completion _____

Is proposed construction for livestock housing? Yes No

Septic

Does proposed construction require a septic permit? Yes No

Septic Permit Number: _____

Certified Septic Installer: _____ Est. Date of completion: _____

Feedlot

Is an Onsite Inspection Required? Yes No Date Inspected: _____

Is the MPCA Feedlot Permit Required? Yes No

Is a Conditional Use Permit Required (over 700 AU) Yes No

Is a Construction Short – Form Required? Yes No

Wind Turbine

Is the Wind Turbine over 125 Kilowatts? Yes No

- If yes a conditional Use Permit is required.

Setbacks (Ft):

Road Right-of-Way: _____

Rear Yard Setback: _____

Side Yard Setback: _____

Side Yard Setback: _____

I hereby certify that I am the owner/authorized agent of the owner of the above property and that all construction will conform to existing laws, local ordinances, and meet all applicable state and local code requirements. All information I have provided above is true and correct and I understand that any false information will render this permit invalid.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY

Is a CUP Needed? Yes No

Variance Required? Yes No

Planning Commission Action: _____ Date: _____

County Board Action: _____ Date: _____

Permit Fee: \$ _____ After the Fact Fee: \$ _____ Amount Due: \$ _____

Date Paid: _____ Check Number: _____

PERMIT FOR CONSTRUCTION

A building permit is hereby approved and issued for the above location and structure under existing regulations and code requirements.

Zoning Administrator: _____ Date: _____

NOTE: Changes made after an approved permit is issued must be reapproved by the County before construction begins.

This permit is valid for one (1) year after date of issuance.

Return application to: Watonwan County Land Management, 108 8th St. S, Ste. 2, St. James, MN 56081

Grid Plot Plan Sketching Form

Permit # _____

Scale: Each grid equals ___Ft.

Check as you draw them on the sketch

Location of:

- ___ Other building/ structures
- ___ Well/ septic system expansion area
- ___ Indicate which way is North
- ___ Building dimensions
- ___ Location & Length of lot lines
- ___ Driveway & access roads (label)

Distance of new structures or addition to:

- ___ Road Centerlines
- ___ Shoreline or near yard
- ___ Side property lines

