



~ SITE PERMIT APPLICATION ~  
**BECKER COUNTY PLANNING & ZONING**

915 LAKE AVENUE, DETROIT LAKES, MN 56501  
PHONE (218) 846-7314 - FAX (218) 846-7266

PARCEL	
APP	SITE
YEAR	2011
SCANNED	

PARCEL #(s) \_\_\_\_\_

Is this a split? Yes No  
(If yes, please use the parcel number from which it was split)

Section \_\_\_\_\_ TWP \_\_\_\_\_ Range \_\_\_\_\_ Township Name: \_\_\_\_\_

Legal Description (see tax statement): \_\_\_\_\_

Property Owner Last Name: \_\_\_\_\_ First Name(s) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best Daytime Phone Number to Contact you (include area code): \_\_\_\_\_

Contractor (List self if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

**Property Physical (911) Address:** \_\_\_\_\_

If you do not currently have a 911 address sign posted, you must **mark the property with a sign that has the owner's name and the parcel number**. We will not begin processing the application until property is posted. **Property will be posted by this date:** \_\_\_\_\_.

**Driving directions to property:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Lakeshore Property Staking:**  
If you have lakeshore property, ALL property lines, the road right of way and all proposed structures must be well marked, labeled and staked or the application will be **DENIED**.  
**Property will be staked by this date:** \_\_\_\_\_.

**Signature**  
*I hereby certify with my signature that all data contained herein as well as all supporting data are true and correct to the best of my knowledge. I also understand that, once issued, a permit is valid for a period of six (6) months, with a six (6) month extension if footings are in place. If my property is located within the shoreland district, I understand that it is my responsibility to inform the Planning & Zoning Office once the building footings have been constructed. A Site Permit may be revoked at any time upon violation of said Ordinances and approved setbacks. Any changes to this site permit results in nullification of this permit and a new permit will have to be obtained.*

\_\_\_\_\_  
Signature Date

**Contact Information:**  
If approved: \_\_\_\_\_ Call \_\_\_\_\_ at this number \_\_\_\_\_

OR Mail to: \_\_\_\_\_

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**PROJECT TYPE (circle):**

New Construction      Addition to Existing Structure      Relocation of Structure – New / Used

**Total cost of completed project:** \_\_\_\_\_

<b>NEW STRUCTURE TYPE (Please circle what applies)</b>	<b>SIZE (Outside Dimensions)</b>	<b># of Stories</b>	<b>Height</b>	<b>Roof Pitch</b>
House or Cabin				
Full or Walk-out Basement				
Manufactured / Modular - New or Used Mobile Home – New or Used				
Attached Garage				
Deck				
Detached Garage ( <i>Frame construction</i> )				
Storage Shed ( <i>Pole construction</i> )				
Water Oriented Structure				
Other				

**If under 2 acres:** Lot area in Square Ft: \_\_\_\_\_ Lot Dimensions: \_\_\_\_\_  
 Lot width at building line: \_\_\_\_\_

**If over 2 acres:** Number of acres: \_\_\_\_\_

**Is the property within 1000 ft of a lake, 300 ft of a river, or 50 ft of a wetland?**     Yes     No

*If yes:* Lake/Wetland/River Name \_\_\_\_\_ and Classification \_\_\_\_\_

Is the property:     riparian (bordering the water body)    or     non-riparian

**All property owners MUST complete items 1-7 on the table below or application will be denied.  
 LAKESHORE property owners MUST ALSO complete items 8-10.**

Distance from proposed structure to:	Structure	#1	#2	#3	#4
1	Side Property				
2	Rear Property				
3	Septic Tank				
4	Drainfield				
5	Well				
6	Circle→ State/County/Public-Township/4 lane hwy/private easement Road Right of Way (public dedicated roads) <b>OR</b> Road Center Line (public easement roads)	ROW_____ CL_____	ROW_____ CL_____	ROW_____ CL_____	ROW_____ CL_____
7	Pond / Wetland (NA if no wetland)				
8	Bluff (NA if not a bluff)				
9	Ordinary High Water Mark (OHW)				
10	Bldg site location (height) How far above (+) or below (-) water? How far above (+) or below (-) road?	_____	_____	_____	_____



## **SKETCH OF PROPERTY**

1. Please sketch all impervious coverage on your property; include dimensions.
  2. Sketch roadways adjacent to property - **Include driveway location.**
  3. If you will be exceeding 15% impervious surface coverage, include a copy of your stormwater management plan. This applies to ANY lot that exceeds 15% coverage.
  4. If proposed project is a detached garage/storage shed that *will exceed 1 story*, include detailed design.
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**Remember EROSION CONTROL!**

**Please use best management practices and/or silt fence to control erosion on all projects.**



# COUNTY OF BECKER

## Planning and Zoning

915 Lake Ave, Detroit Lakes, MN 56501  
Phone: 218-846-7314 ~ Fax: 218-846-7266

### Authorized Agent Form

1. Form must be legible and completed in ink.
2. Check appropriate box(es). Write any specific restrictions on the checked item in the space provided (e.g. "garage site permit" or "valid only on permit applications submitted between 06/01/20XX and 08/01/20XX"). If you want your agent to represent you on a conditional use or variance application and also be authorized to obtain the related permit(s), be sure to check and complete the "permit application" item as well. If an item's box is checked and the accompanying space is left blank, the authorization granted on that item is valid for a period of one year from the date of signature on this form until Becker County Planning and Zoning receives signed, written notification from the property owner(s) stating otherwise or the property's ownership changes.

I (we), \_\_\_\_\_ hereby authorize \_\_\_\_\_ to act  
 (landowner-print name) (agent-print name)  
 as my (our) agent on the following item(s): appropriate box(es)

- permit application (write in permit "type" – e.g. site, septic, etc.): \_\_\_\_\_
- plat application: \_\_\_\_\_
- conditional use application: \_\_\_\_\_
- variance application: \_\_\_\_\_
- other: \_\_\_\_\_

on my (our) property located at:  
 Tax Parcel Number(s): \_\_\_\_\_ Physical Site Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plat Name: \_\_\_\_\_

#### Agent Contact Information

Agent address: \_\_\_\_\_  
 Street City State Zip Code  
 Agent phone #(s): \_\_\_\_\_ Agent fax #: \_\_\_\_\_  
 Agent email address: \_\_\_\_\_

\_\_\_\_\_  
 Property Owner(s) Signature(s) Date  
 State of Minnesota  
 County of Becker

On this \_\_\_\_\_ day of \_\_\_\_\_ before me personally appeared \_\_\_\_\_ to me  
 known to be the person(s) described in and who executed the foregoing instrument; and acknowledged that  
 \_\_\_\_\_ executed the same as \_\_\_\_\_ free act and deed.

(Notary Stamp) \_\_\_\_\_  
 Notary Public

**Office Use Only:**  
**Date received:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_