

City Use Only

PLANNING:

ZONING DISTRICT	MINIMUM SETBACKS REQUIRED	Front _____	Side _____	Rear _____
	Road Right of Way _____	Other: _____		

REVIEWED BY _____	DATE _____
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SUBJECT TO THE FOLLOWING CONDITIONS:

BUILDING:

REVIEWED BY _____	DATE _____
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SUBJECT TO THE FOLLOWING CONDITIONS:

PUBLIC WORKS:

REVIEWED BY _____	DATE _____
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SUBJECT TO THE FOLLOWING CONDITIONS:

ZONING ADMINISTRATOR needs to sign-off before work can begin

REVIEWED BY _____	DATE _____
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Zoning Administrator Notes:

Water & Sewer Construction and Connection		Water Superintendent Certification	
Water Permit Paid Date	\$ _____	Sewer Service	\$ _____
Sewer Permit Paid Date	\$ _____	Water Service	\$ _____
City Clerk Certification: Assessment status of Property: Bond and insurance paid		Size of Sewer Service	
		Size of Water Service	
		TOTAL COST WATER & SEWER:	
Is a Variance required: Yes No		Is a Conditional Use Permit required? Yes No	

Fees

Building Permit _____ Plan Review _____ State Surcharge _____

TOTAL DUE: _____

Date Issued: _____ Issued By: _____ Receipt # _____



City of Ortonville, 217 NW Third Street, Suite 101, Ortonville MN 56278 - Community Development 320/839-2612

If you have questions on code-items, required inspections or to schedule an inspection call: _____