

**APPLICATION FOR A
TOWN OF GRANT PORTAGE COUNTY ZONING PERMIT AND CERTIFICATE OF COMPLIANCE**

Permit No. _____

Owner or Agent _____			Date _____
Address _____			Telephone Number _____
City _____	State _____	Zip _____	Sanitary Permit Number / Shoreland Permit Number _____
Zoning District _____		Road Name _____	
Section _____, T _____	N, R _____	E. Area _____	Acres House # _____
Parcel # _____		CSM _____	

SKETCH PLAN:

N ↑

SETBACKS:

Highway _____ ft. to centerline

Highway _____ ft. to right-of-way

Side Yard _____ ft.

Side Yard _____ ft.

Rear Yard _____ ft.

Water (river, stream, etc.) _____ ft.

Wetland _____ ft.

Septic Tank _____ ft.

Drainfield/Dry Well _____ ft.

Purpose of Construction: _____

CONTRACTORS:

Building _____

Plumbing _____

Electrical _____

Market Value _____

Completion Date _____

Dimensions of Proposed Construction/Square Ftg.

(Zoning Administrator's Signature)

PROPERTY OWNER'S STATEMENT

The undersigned property owner hereby applies for a ZONING PERMIT and CERTIFICATE OF COMPLIANCE for the alteration described and located as shown herein and agrees that all work shall be done in accordance with the requirements of the TOWN AND COUNTY ZONING ORDINANCES and the statements of this application and agrees that the premises will not be used until the Zoning Administrator, after notification, certifies such completed alteration is in compliance with the requirements of the TOWN AND COUNTY ZONING ORDINANCES and the statements of this application.

Signature of Property Owner or Agent _____ Date _____