

CITY OF LAINGSBURG

ZONING PERMIT \$25 Fee

Property Owner's Name and Address:

Applicant's Name and Address:

	Phone Number:

Address of Property on which accessory will be placed

Contractor's Name & Address

	Phone Number:

Type of Structure _____ Proposed Use _____

Distance from other structures _____ (show on drawing)

Distance from Lot Lines: Front _____ Rear _____ Side _____

Sq Feet of Lot _____ Lot Width at front setback _____ Ext. Sq Feet of House _____

Size of structure Height _____ Width _____ Length _____

Square feet of other structures _____

Provide drawing of placement on property. Please note locations of House, other buildings or structures location, drives, sidewalks, etc.

Approved	
Date: _____	
Zoning Administrator	

Fee _____

Paid on _____

Permit # _____