

Date: _____

APPLICATION FOR ZONING- COMMERCIAL

PERMIT NO. _____
Fee: _____ Check/Receipt # _____



108 East Main
PO Box 386
Battle Lake, MN 56515
218-864-0424
blcity@arvig.net

Property Owner: _____

Address: _____ Phone: _____

City, State, Zip _____

Street Address where construction is taking place: _____

Legal Description: _____

Property ID: _____

Contractor: _____

Address _____

State Lic.# _____

Work to be completed by property owner
Contractor must provide proof of liability insurance
for any work to be carried out on public right of
ways.

Proposed Project (Circle or fill in all that apply)

- 1. New Structure
- 2. Addition to Structure
- 3. Replacement Structure
- 4. Other: _____
- 5. Demolition (specify) _____

TOTAL PROJECT COST: _____

Characteristic of proposed project:

Outside Dimensions: _____ ft x _____ ft

Square Feet of Structure: _____ Height: _____

Setback - Right of Way _____ ft Side Yard _____ ft

Side Yard #2 _____ Back Yard _____

Type of Frame: _____ Masonry _____ Wood

_____ Structural Steel _____ Other _____

Sewage Disposal System: _____ Public _____ Private _____ None

Water Supply: _____ Public _____ Private _____ None

Lot Area: _____ sq feet

Impervious Surface _____ sq feet _____ %

Excavation:

Type of Excavation: _____

_____ Grade and Fill (Attach Drawing & Explanation)

_____ Other (Attach Drawing and Explanation)

Volume of Dirt to be moved (in or off property) anything in excess of 600 sq yards requires a conditional use permit

Imported _____ yds. Displaced _____ yds

Restoration/Stabilization Plan (or attach a separate sheet):

Disposal Location: _____

PROPOSED START DATE: _____

PROPOSED COMPLETION DATE: _____

Zoning Fee (Based on Construction Cost)

\$25 - up to \$10,000 in construction project

costs \$75 - \$10,000 to \$75,000

\$150 - \$75,000 to \$200,000

\$275 - \$200,000 to \$300,000

over \$300,000 = \$1 per \$1000 or .1%

Add Site Inspection Fee:

\$75 Remodel

\$225 New Construction

Grade & Fill permit

\$25 - up to 100 cubic yards

\$50 - over 100 cubic yards

INSTRUCTIONS:

1. FILL OUT EACH ITEM THAT APPLIES TO YOUR PROJECT.
2. SUBMIT A SCALE DRAWING OR YOU MAY USE AN AERIAL VIEW DRAWING, AS LONG AS IT HAS ALL THE DETAILS NEEDED FOR THE APPLICATION.
3. INCLUDE ALL CURRENT STRUCTURES ON THE PROPERTY IN YOUR DRAWING, ALONG WITH THE PROPOSED PROJECT, LOT LINES, DISTANCE TO SIDE YARD, RIGHT-OF-WAY, REAR YARD, LOCATION OF BUILDING ENTRANCE, DRIVEWAY(S), PARKING LOT, SIDEWALKS, ETC.
4. FILL OUT THE ATTACHED IMPERVIOUS CALCULATIONS FORM, UNLESS THE ZONING OFFICER STATES IT IS NOT REQUIRED.
5. PROJECT MUST BE STAKED OUT FOR REVIEW BY ZONING OFFICER FOR MOST PROJECTS.
6. PAY APPROPRIATE FEE BASED ON CONSTRUCTION COST.
7. LENGTH OF TIME TO APPROVE A PROJECT MAY VARY, DEPENDENT ON YOUR PROJECT.
8. SIGN APPLICATION.
9. FILL OUT ADDITIONAL CHECKLIST, IF REQUIRED.
10. SIGNAGE AND FENCING REQUIRE A SEPARATE APPLICATION.

COMMERCIAL APPLICATIONS FOR ZONING REQUIRE APPROVAL FROM THE CITY COUNCIL.

Signature of Applicant _____

Date _____

TYPE OF BUSINESS: _____

Is there adequate parking on-site for your business (parking is determined by ordinance and based on the type of business)? _____ Yes _____ No _____ Number of on-site parking spots

Do you intend to utilize public parking for your business? _____ Yes _____ No

Will the business use create any of the following: _____ Adverse Noise _____ Adverse Glare _____ Unsightliness

Will the business create an excessive burden on _____ Stormwater Management _____ Street/Snow Removal

_____ Other Utilities _____ Other Utilities _____ The Environment

Please give a detailed description of your business below (IF NEW):

Permitted uses in the Commercial District shall consist of all uses of a commercial nature, such as retail, light industrial, repair or storage of material, goods or products, wholesale, service, office, combination apartment/commercial use, financial, recreational, professional and lodging and such other as are defined below as light industrial. **LIGHT INDUSTRIAL** means the assembly, fabrication or processing of goods and materials using processes that ordinarily do not create noise, smoke, fumes, odors, glare, or health or safety hazards outside the building or lot where the assembly, fabrication or processing takes place, where the processes are housed entirely within a building, or where the outdoor storage of goods and materials used does not exceed 25% of the floor area of all buildings on the lot.

Permit for the above referenced activity within 10 Days.

City Zoning Officer _____ Date _____

COUNCIL APPROVAL DATE: _____

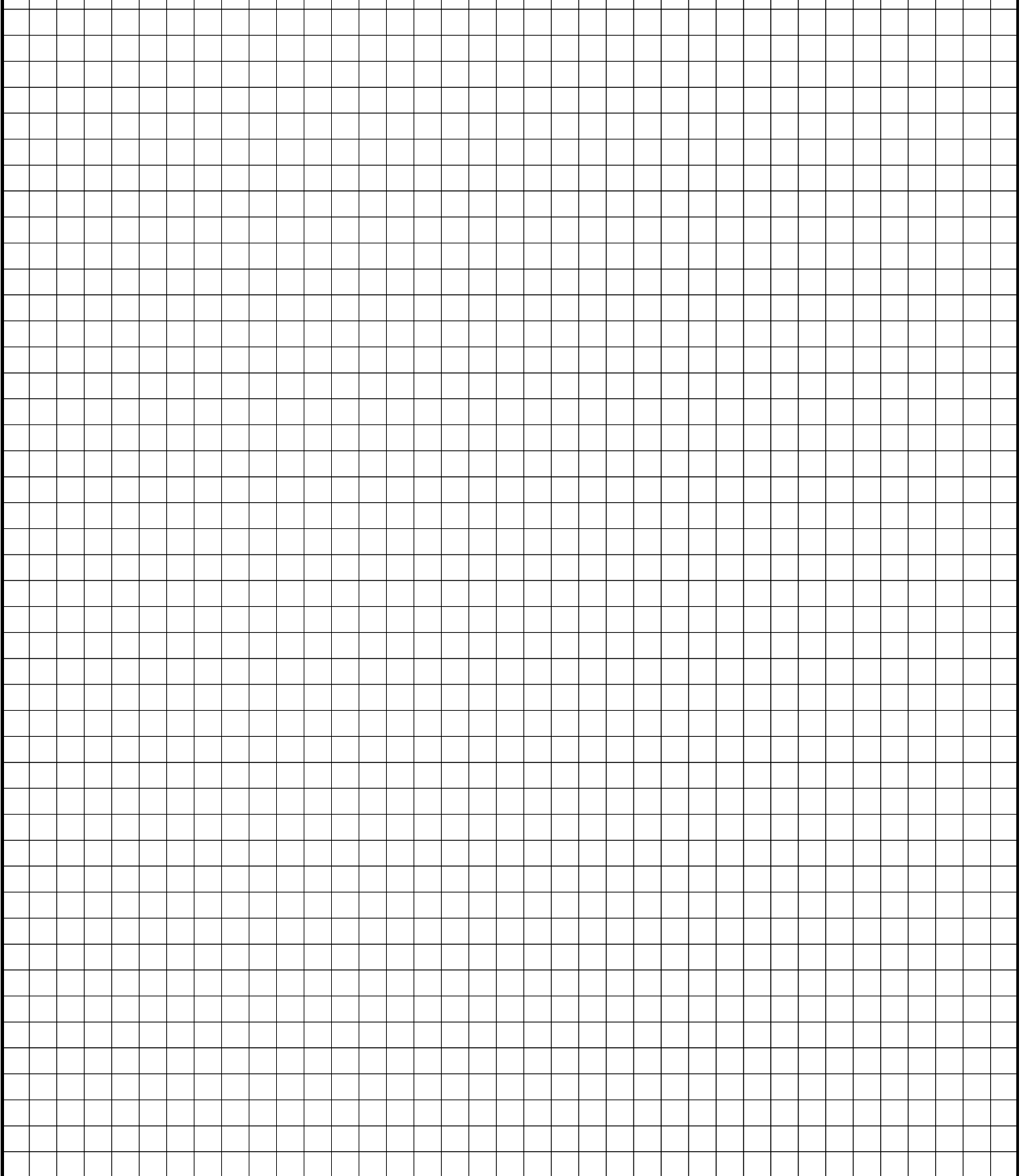
RESTRICTIONS (IF ANY) _____

SCALE DRAWING FORM

Tax Parcel # _____ Property Owner _____

Your scale drawing must include: Outside dimensions of lot, drawing of new structure within the dimensions of the lot, show existing structures, distance to all set-backs including front yard, side yard and back yard.
Please include area and descriptions of any cutting or filling on lot.

Impervious Surface Calculation (see worksheet): _____



IMPERVIOUS SURFACE CALCULATION WORKSHEET:

List of Onsite (Existing and Proposed) Impervious Surfaces (must show on scale drawing).

EXISTING:

Structures: _____ sq ft.

Deck(s): _____ sq ft.

Driveway(s): _____ sq ft.

Patio(s): _____ sq ft.

Sidewalk(s): _____ sq ft.

Stairway(s): _____ sq ft.

Other: _____ sq ft.

PROPOSED:

Structures: _____ sq ft.

Deck(s): _____ sq ft.

Driveway(s): _____ sq ft.

Patio(s): _____ sq ft.

Sidewalk(s): _____ sq ft.

Stairway(s): _____ sq ft.

Other: _____ sq ft.

Total Impervious Surface: _____ sq ft.

Lot Area: _____ sq ft.

$$\frac{\text{Total Impervious Surface}}{\text{Lot Area}} = \text{_____} \times 100 = \text{_____} \%$$

Impervious Surface Ratio