



Accessory Structure Zoning Permit

City of Long Lake
450 Virginia Avenue
PO Box 606
Long Lake, MN 55356
Phone: (952) 473-6961

Permit #: _____

Date Received: _____

Date Issued: _____

**** THIS APPLICATION TO BE USED FOR ALL ACCESSORY STRUCTURES 120 SF OR LESS ****

Please note that applications must be submitted with the required site plan or survey and elevation drawing (described in the "Accessory Structure Proposal" section of this application) to be considered complete.

Applicant / Contractor Information

Name: _____ Daytime Phone: _____

Address: _____ City, State, Zip: _____

Owner Information

Name: _____ Daytime Phone: _____

Address: _____ City, State, Zip: _____

Applicant Signature

I attest, by my signature, that I agree to comply with the Zoning Ordinance and ruling of the City of Long Lake; and that I am the landowner, or have permission of the landowner to construct an accessory structure at the site address below.

SIGNATURE

DATE

Site Information

Site Address: _____ Suite/Unit#: _____

Zoning District: _____

Accessory Structure Proposal

Property Address: _____ Type of Structure Proposed: _____

Use of Proposed Structure: _____

Dimensions of Proposed Structure (L x W x H): _____

Setback of Proposed Structure from any Existing Structures: _____

Please attach a site plan or survey, showing all lot lines and proposed/existing structures on the property, as well as an elevation (with dimensions) of the proposed structure.

FOR OFFICE USE ONLY

Planning & Zoning Approval: _____ (STAFF SIGNATURE)

Comments / Conditions: _____

PERMIT FEE: \$25

Total Due: \$ _____

Date Paid: ____/____/____

Cash or Check #: _____