

City of Lake City

Certificate of Zoning Compliance

Planning and Community Development
 205 West Center Street, Lake City, MN 55041
 Phone 651.345.5383 • Fax 651.345.3208
www.ci.lake-city.mn.us

Case Number _____
 Application Date _____
 Fee _____
 Receipt _____

Project Location			
Address		PIN	
Property Owner			
Name		Phone No.	
Address		City/State/Zip	
Applicant (if different from property owner)			
Name		Phone No.	
Address		City/State/Zip	
Use(s)			
Current		Proposed	
Project Description – You may be required to attach a site plan or additional details			
Impervious Surface Calculations		Setbacks – Measured From Property Lines	
Principle Structure _____	sq ft	Proposed	Required
Accessory Structure(s) _____	sq ft	Front: _____	_____
Other (driveway, patio, etc.) _____	sq ft	Rear: _____	_____
Proposed/Addition (if applicable) _____	sq ft	Side: _____	_____
Total Impervious _____	sq ft	Side: _____	_____
Total Lot Area _____	sq ft		
Percentage of Impervious Coverage _____	%		
Owner/Applicant Certification			
By my signature below, I hereby certify the following:			
1. I understand that submitting inaccurate or incomplete information may result in delays or denial of my application.			
2. I certify that the information provided in this application, including attachments, is accurate and correct to the best of my knowledge.			
3. I certify that the building or land will not be used for any other purpose than indicated in this application.			
4. I understand that if my application is denied, there is no refund of fees paid.			
5. I understand when a certificate of zoning compliance use has been established and is discontinued for any reason for a period of one (1) year or longer, the certificate of zoning compliance shall become null and void.			
Signature		Date	
Staff Review and Comments			
Zoning District	Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Date	Reviewed by



www.gopherstateonecall.org

1-800-252-1166