



CITY OF LAKE CITY
 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

Certificate of Zoning Compliance

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
Email	

Project Description –Please attached a Site Plan with this application (additional details may be required)
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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
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Staff Review and Comments
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Zoning District	Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Date	Reviewed by
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