



**ZONING PERMIT**  
**CITY OF MONTGOMERY**  
 201 ASH AVE S.W.  
 MONTGOMERY, MN 56069  
 507.364.8868 (PHONE)  
 507.364.5371 (FAX)  
 GENERAL@CITYOFMONTGOMERYMN.COM

**OFFICE USE ONLY**  
 Application Rec'd: \_\_\_\_\_  
 Amount Paid: \_\_\_\_\_  
 Inspection Date: \_\_\_\_\_  
 Permit Number: \_\_\_\_\_

**PROPERTY INFORMATION:**

ADDRESS:	
PID:	LOT/BLOCK/ADDITION:

**PROPERTY OWNER:**

NAME:		
PHONE:	EMAIL:	FAX:
MAIN CONTACT (IF DIFFERENT FROM ABOVE):		
ADDRESS:		
PHONE:	EMAIL:	FAX:

**PROJECT DESCRIPTION (PLEASE SELECT ONE):**

<input type="checkbox"/> FENCE <input type="checkbox"/> SIGN <input type="checkbox"/> EXTERNAL SOLID FUEL-FIRED HEATING DEVICE <input type="checkbox"/> CEMENT PATIO <input type="checkbox"/> OTHER: _____ _____ _____ _____	<input type="checkbox"/> DETACHED ACCESSORY BUILDING (UNDER 200 SQ FT) <input type="checkbox"/> BED AND BREAKFAST LICENSE <input type="checkbox"/> DRIVEWAY <input type="checkbox"/> HOME OCCUPATION LICENSE - TYPE OF OCCUPATION: _____ _____
---	---

**NOTICE OF FEES AND AUTHORIZATION OF APPLICATION:**

THE CITY FEE SCHEDULE STATES THAT THE PROPERTY OWNER SHALL REIMBURSE THE CITY FOR ALL RELATED COSTS GENERATED BY THIS APPLICATION. SUCH EXPENSES MAY INCLUDE, BUT ARE NOT LIMITED TO, OVERHEAD COSTS (PRINTING, MAILING, SUPPLIES, ETC.) AND FEES PAID TO CONSULTANTS AND OTHER PROFESSIONALS (PRIMARILY LEGAL AND ENGINEERING). THESE FEES ARE DUE IMMEDIATELY UPON NOTIFICATION BY THE CITY, AND IF NOT PAID WILL BE ASSESSED TO THE OWNER OF THE SUBJECT PROPERTY. UPON REQUEST, THE CITY WILL PROVIDE AN ITEMIZED STATEMENT OF THE VARIOUS EXPENSES INCURRED BY THE CITY AS A RESULT OF THE APPLICATION. THE CITY RESERVES THE RIGHT TO WITHHOLD FINAL ACTION ON A ZONING PERMIT APPLICATION AND/OR RESCIND PRIOR ACTION UNTIL ALL FEES ARE PAID. THE CITY MAY ALSO REQUIRE DEPOSITS IF DEEMED NECESSARY. **A PROPERTY SURVEY MAY BE REQUIRED.** IN SIGNING THIS APPLICATION, YOU ARE ACKNOWLEDGING THAT YOU HAVE READ THE ABOVE STATEMENT AND FULLY UNDERSTAND THAT YOU ARE RESPONSIBLE FOR ALL COSTS INCURRED BY THE CITY IN PROCESSING AND REVIEWING THIS APPLICATION. SIGNING BELOW IS ALSO AUTHORIZING CITY STAFF, COMMISSION MEMBERS, COUNCIL MEMBERS AND OTHERS AS DEEMED NECESSARY TO ACCESS AND INSPECT THE PROPERTY DURING THE APPLICATION PERIOD. **THE APPLICATION PERIOD IS SIX (6) MONTHS, AN EXTENSION MAY BE GRANTED FOR AN ADDITIONAL SIX (6) MONTHS BY CONTACTING THE CITY ZONING OFFICIAL AT 507.364.8888.**

COMMENTS/CONDITIONS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PROPERTY OWNER SIGNATURE	DATE	ZONING OFFICIAL SIGNATURE	DATE
--------------------------	------	---------------------------	------