

CITY OF LUVERNE

ZONING PERMIT

| | | |
|--|-----------------|-------------------|
| Job Address: | | Work Code: |
| Name: | Address: | Phone: |
| Owner: | | |
| Contractor: | | |
| Describe Work: _____ _____ | | |
| Zoning District: _____ Zoning requirements as they may apply: _____ _____ | | |

Work Code: 4ZA-Accessory Structure/detached deck~ 4ZC- Concrete Work~4ZF- Fence~ 4ZP- Plat~ 4ZD- Demolition

Work Value: \$ _____

Signature of Applicant

Date of Application

| | |
|----------------------------|-------------------------------------|
| City use only: | |
| \$ _____ Permit Fee | _____ Zoning Official |
| Check Number: _____ | Date Approved: _____ |
| | Date Payment Received: _____ |

Office of Building Safety/ Code Compliance:

Phone: (507) 449-5031

Fax: (507) 449-5034