

Lincoln County Land Use Permit Application

PO Box 66, Ivanhoe MN 56142
(507) 694-1344 – Fax (507) 694-1341

Please print. Applications that are not complete will be returned.

A permit fee must accompany this application before it will be approved.

If application is denied, the permit fee will be refunded.

AFTER THE FACT PERMITS: DOUBLE PERMIT FEES - (MINIMUM CHARGE \$100.00)

Applicant: _____ Phone: (Home) _____ (Cell) _____
Last Name First Name Middle Initial

Address: _____
Street/Avenue City State Zip Code

Property Owner: _____ Phone: (Home) _____ (Cell) _____
Last Name First Name Middle Initial

Address: _____
Street/Avenue City State Zip Code

LEGAL DESCRIPTION AND LOCATION:

Legal Description: _____ 1/4 _____ 1/4 Parcel: _____

Township: _____ Section: _____ Township Number: _____ Range: _____

Lot: _____ Block: _____ Subdivision Name: _____

A. Location of structure – indicate on attached aerial photo.

B. Estimated Cost of Construction: _____

C. New Improvement D. Size _____

E. Will a bathroom be included in new/improvement construction?
Yes No

F. New 911 Address? No Yes + **\$50.00 Sign, Post & Installation**

G. General Description of Construction Project:

<u>Estimated Unit Cost of Construction</u>	
\$ 0 – 9,999.....	25.00
\$ 10,000 – 49,999.....	50.00
\$ 50,000 – 99,999.....	100.00
\$100,000 – 199,999.....	200.00
\$200,000 – 299,999.....	300.00
\$300,000 – 399,999.....	400.00
\$400,000 – 499,999.....	500.00
\$500,000 – 599,999.....	550.00
\$600,000 – 699,999.....	650.00
\$700,000 – 799,999.....	750.00
\$800,000 – 899,999.....	850.00
\$900,000 – 999,999.....	950.00
\$1,000,000– up.....	1,000.00 +
\$100 for each \$250,000 over \$1,000,000	

I hereby certify that the information contained herein is correct and agree to do the proposed work in accordance with the description above set forth and according to the provisions of the ordinances of Lincoln County, Minnesota. I further agree that any plans and specifications submitted herewith shall become a part of this permit application. I also understand that this permit is valid for a period of 12 (twelve) months.

Date Signature of Applicant

Office Use Only	
Permit No. _____	
Paid: _____	Ck. No. _____
Date of Approval: _____	

WAIVER
FROM THE LINCOLN COUNTY COMPREHENSIVE DEVELOPMENT ORDINANCE

Road Authority: Lincoln County MN DOT Township

The required setback of _____ feet for _____ is hereby waived to _____ feet from the right of way with the following conditions:

Signed by _____ Dated _____

For Office Use Only

Date of Approval: _____

District Type:

Floodplain (Sec. III) ___ Shoreland (Sec. IV) ___ Urban Expansion (Sec. V) ___

Rural Preservation (Sec. VI) ___ Businesses and Industry District (Sec. VIII) ___

Type of Use:

Ag ___ Commercial ___ Industrial ___ Residential ___ Recreational ___

Setbacks:

Road Right of Ways:

Floodplain:

Lakeshore:

River:

Other:

Variance Needed: Yes ___ No ___ **Waiver Used:** Yes ___ No ___

Conditional Use Permit: Yes ___ No ___ **Dwelling/Septic Permit:** Yes ___ No. ___

If yes, list conditions: _____
