

**POMROY TOWNSHIP  
APPLICATION FOR LAND USE PERMIT**

*Make Check payable to Pomroy Township*

Application Date \_\_\_\_\_

Fee Paid \_\_\_\_\_

*Principal Structure=\$75*

*Accessory Building =\$50*

***Double fees to be imposed for Work***

***Beginning without an approved permit***

GENERAL INFORMATION

Owner \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Site Address \_\_\_\_\_ Property Tax ID# \_\_\_\_\_

Legal Description \_\_\_\_\_

Property Dimensions :Width \_\_\_\_\_ depth \_\_\_\_\_ Property Area \_\_\_\_\_ acres

Cost of Construction \_\_\_\_\_ Completion Date \_\_\_\_\_

A plot plan must be attached or sketched on the back of this application, and must show all property lines, building setbacks, distance to other buildings, street names, and well and septic and a North arrow. *(Floor plans may also be included if any)*

STRUCTURE INFORMATION

1. Use of Structure Residence \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Storage \_\_\_\_\_ Other \_\_\_\_\_

2. Main Structure Size; Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

3. Type of Construction On Site \_\_\_\_\_ Modular \_\_\_\_\_ Prefab \_\_\_\_\_ Mobile Home \_\_\_\_\_ Other \_\_\_\_\_

4. Nature of construction Alteration \_\_\_\_\_ Remodel \_\_\_\_\_ Addition \_\_\_\_\_ New \_\_\_\_\_ Other \_\_\_\_\_

5. Accessory Buildings  
 Use \_\_\_\_\_ Dimensions \_\_\_\_\_  
 Use \_\_\_\_\_ Dimensions \_\_\_\_\_  
 Use \_\_\_\_\_ Dimensions \_\_\_\_\_

<u>SETBACKS</u>			
Frontyard County/State Aid	130 FEET	House to Well	3 FEET
Frontyard Township road	100 FEET	Well to Septic Tank	50 FEET
Rear & Side Yard	30 FEET	House to drainfield	20 FEET
House to Septic tank	10 FEET	Shallow well to drainfield or mound	100 FEET
		Well from feedlot or livestock building	50 FEET

**NOTES** NO land use permit will be issued for any residential construction without a CERTIFICATE OF COMPLIANCE for on site sanitary sewer systems (ISTS) from Kanabec County

I hereby certify that I am the owner or authorized agent of the above property and that all construction will conform with existing state laws and local ordinances.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Zoning Administrator \_\_\_\_\_ Date \_\_\_\_\_

**Mail application, check and sketch to: HAROLD JUNGROTH, 6301 FOLIAGE DR., BROOK PARK, MN 55007**