



City of Freeport

125 Main Street East - P.O. Box 301 - Freeport, MN 56331
Phone (320)836-2112 - **Fax** (320)836-2116
Web www.freeportmn.org - **Email** cityfrpt@albanytel.com

Zoning Form and Permit (\$20.00)

Property Address _____ Freeport, MN 56331

Owner(s) _____ **Phone Number** _____

Mailing Address (if different from above) _____

Type of Request:

- Patio
- Sign (non-illuminated)
- Sign (illuminated)
- Fencing
- Building Demolition (Must coordinate with the Public Works Director regarding City utilities and with City Building Inspector to ensure that the lot is a buildable lot at the completion of the building's demolition.)

All or part of the following information (if applicable) is required with the application:

- Site Plan
- All existing signs on the property and their respective locations with dimensions, setbacks, and heights noted (including window signs)
- Specifications for proposed sign(s)
- Location of all structure and their square footages
- Public right-of-ways, sidewalks, curb cuts, driveways, parking, access roads, wetlands, floodplain, easements, etc.
- Landscaping and screening plans
- Other _____

I hereby certify that I have read and examined this application and supporting documents and know the same to be true and correct. I have identified all property boundaries, easements, flood zones and/or wetland, existing on my site plan and application. The undersigned further agrees that the City and its administrative staff relied on the accurateness of this application, plans and specifications relative to this request and hold the City of Freeport harmless from liability arising from the granting of a permit.

Property Owner Signature _____ **Date** _____

ZONING PERMIT

This permit is granted upon the authority given by the State of Minnesota, County of Stearns in the City of Freeport by its Zoning Administrator to said property owner for the sole purposes as described above.

City Clerk, as Zoning Administrator Signature _____

Date _____

City Seal

