



# CITY OF BIG LAKE ZONING PERMIT APPLICATION (Residential Projects Only)

**CITY OF BIG LAKE**

Building Department  
160 Lake Street North, Big Lake, MN,  
Direct: 763-251-2971 / Fax: 763-263-0133

Date Received by City \_\_\_\_\_

<b>PROPERTY ADDRESS</b>	
<b>PROPERTY OWNER NAME AND ADDRESS</b>	<b>PROPERTY OWNER PHONE NUMBER</b>
<b>APPLICANT NAME</b>	<b>APPLICANT PHONE NUMBER</b>
<b>APPLICANT ADDRESS</b> (Street, City, Zip Code)	<b>APPLICANT E-MAIL</b>
<b>CONTRACTOR NAME</b>	<b>CONTRACTOR PHONE NUMBER</b>
<b>CONTRACTOR ADDRESS</b> (Street, City, Zip Code)	<b>CONTRACTOR E-MAIL</b>
<b>CONTRACTOR'S STATE LICENSE NUMBER/BOND (REQUIRED)</b>	<b>EXPIRATION DATE OF LICENSE/BOND</b>
<b>BRIEF PROJECT DESCRIPTION</b>	<b>COMPLETED VALUE OF PROJECT</b> (Include labor and materials)
<b>Signature of Applicant</b> ( Owner or Contractor )	<b>Date</b>

*Accepted forms of payment:  
Cash, Check (payable to: City of Big Lake)  
Credit Card (Visa / MasterCard / Discover)*

**PLEASE HAVE REPRESENTATION ON SITE FOR SCHEDULED INSPECTIONS.**

<b>REQUIRED INSPECTIONS:</b>
SITE INSPECTION

**MINIMUM 24-HOUR NOTICE IS REQUIRED WHEN SCHEDULING INSPECTIONS**

**FOR INSPECTIONS CALL: 763-251-2971**

**ZONING APPROVAL**

**PUBLIC WORKS APPROVAL**

**BUILDING OFFICIAL APPROVAL**

By: \_\_\_\_\_ Date \_\_\_\_\_  
Zoning Dept.

By: \_\_\_\_\_ Date \_\_\_\_\_  
Public Works Dept.

By: \_\_\_\_\_ Date \_\_\_\_\_  
Building Dept.