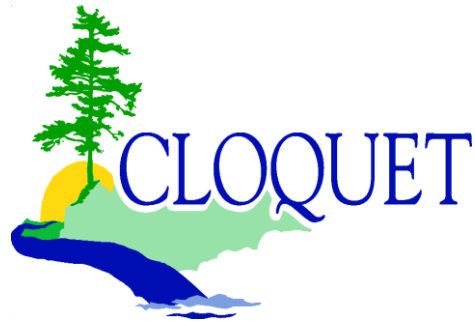


**REMEMBER TO CALL
BEFORE YOU DIG!**



1-800-252-1166



CITY OF CLOQUET

**Community Development
Department**



FENCE REGULATIONS

Community Development Dept.

1307 Cloquet Avenue

Cloquet MN 55720

Ph: 218-879-2507 Fax: 218-879-6555

www.ci.cloquet.mn.us

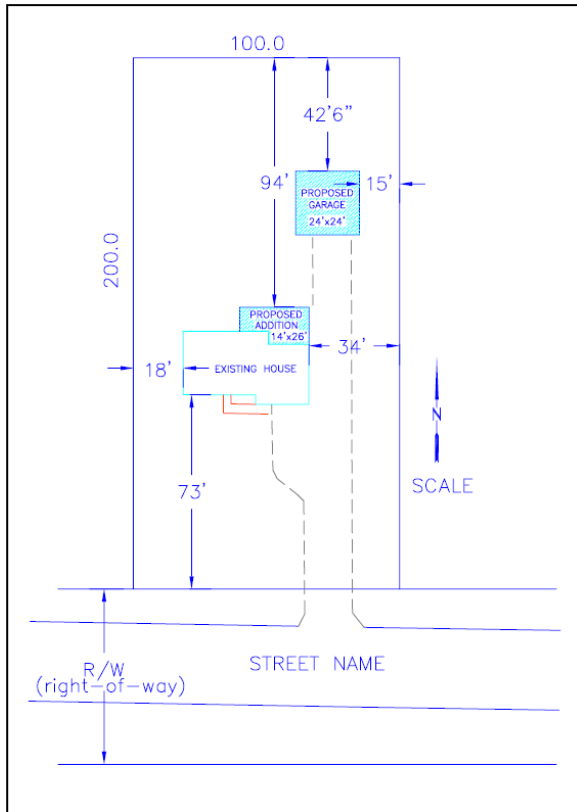
planning@ci.cloquet.mn.us

www.ci.cloquet.mn.us

A Zoning Permit with a site plan is required

Locating Property Lines:

The first step in planning a fence is location of the property lines. Old fence lines, trees and light poles are **NOT** reliable benchmarks. The Homeowner must locate the survey pins or have a new survey done (the City of Cloquet does not locate the lines for a property owner).

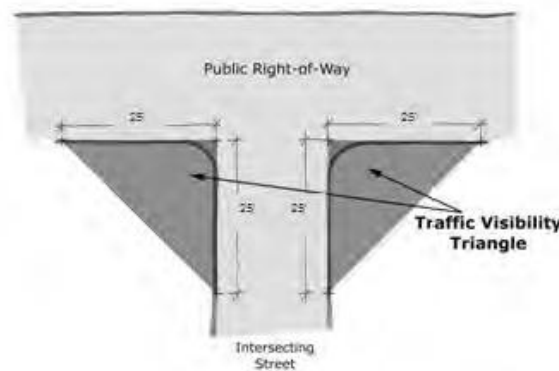


Designing and maintaining your fence

The finished side of fences shall face abutting property. Every fence shall be constructed in a high quality manner and of substantial material reasonably suited for the purpose for which the fence is proposed to be used. It shall be maintained in a condition of reasonable repair.

Restrictions

No fence shall be permitted which poses a danger to vehicular traffic or pedestrians. No fence over 3' in height is allowed in the following site triangles:



Permit Information

Permit Required:

A Zoning Permit is required for any fence that is 2' 6" and higher in all residential districts except Farm Residential intended for livestock and/or field enclosures.

Fee:

\$25.00

Setbacks:

Fences can be built up to the lot line and up to any street right of way.

Height:

A fence of 4' is allowed in a front yard and 6' in any side, corner side, and rear lot lines behind the nearest front corner of the principal building.

Fences in Commercial and Industrial Districts may be erected on the lot line to a height of six (6) feet; to a height of eight (8) feet with a security arm for barbed wire if a Conditional Use Permit is obtained, pursuant to Section 17.2.10 of the City Code.

City of Cloquet

Community Development Dept.
1307 Cloquet Avenue
Cloquet, MN 55720



Building Permit Application

Phone: 218-879-2507 Fax: 218-879-6555
www.ci.cloquet.mn.us

Job Site Information

Property Address: _____
Parcel I.D. #(s): **06-** _____
Property Zoning: _____ Project Valuation: \$ _____
(must include fair market value of material & labor)

Contractor Information

Company Name: _____ Contractor License # _____
Contact Person/Title: _____
Mailing Address: _____
Phone: _____ E-mail: _____
Pre-1978: No Yes Lead Paint Certification #: _____

Owner Information

Company Name: _____
Contact Person/Title: _____
Mailing Address: _____
Phone: _____ E-mail: _____

Work Description *(Describe in detail the proposed building type, and scope of work.)*

Property Use <input type="checkbox"/> 1 Family Residential <input type="checkbox"/> 2 Family Residential <input type="checkbox"/> Multi Fam. Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional/Public	Type of Structure <input type="checkbox"/> Principal Building <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Deck <input type="checkbox"/> Fence <input type="checkbox"/> Other _____	Type of Work <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration/Remode <input type="checkbox"/> Maintenance/Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Other _____
---	--	--

Misc Information Number of Units _____ Number of Buildings _____	Size of Structure <input type="checkbox"/> NA Number of Stories _____ Total Square Footage _____ Height _____ Length _____ Width _____	BUILDING PERMIT FEES Building Permit Fee (City) \$ _____ State Surcharge \$ _____ Plan Check Fee \$ _____ Total Fee \$ _____ DATE PAID _____ 20____
---	--	---

THE OWNER OF THIS BUILDING AND THE BELOW SIGNED AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION:

Owner Signature _____ Date _____ Applicant/Contractor Signature _____ Date _____

PERMIT NUMBER: _____ NAME: _____

PERMIT APPROVAL (For Office Use Only)

Building Official

Zoning Administrator

Date

Date

BUILDING PERMIT ISSUED _____ **20** _____

BUILDING PERMIT NUMBER: _____

Site Plan Attached Architechtural Plans Attached

ADDITIONAL PERMITS: NA

BUILDING:

REQUIRED:

Plumbing No Yes Submitted
Mechanical No Yes Submitted

COUNTY:

New Septic No Yes Submitted

STATE:

Electrical No Yes Submitted

ZONING:

REQUIRED:

Sign No Yes Submitted
Variance No Yes Submitted
CUP No Yes Submitted
Wetland No Yes Submitted
HOP No Yes Submitted
Site Plan Rev No Yes Submitted
Re-zoning No Yes Submitted

ENGINEERING:

Grading No Yes Submitted
New Water No Yes Submitted
New Sewer No Yes Submitted
Utility Disconnect
(DEMOLITION) No Yes Submitted

STORMWATER:

New Utility No Yes Submitted
Adjustment No Yes Submitted

Comments/Notes