

CITY OF CLOQUET  
PLANNING DEPARTMENT

Case No. \_\_\_\_\_

Application for: \_\_\_\_\_

Directions: This form must be filled out with typewriter or by printing in ink. If the applicant is not the owner, a statement from the owner must be attached certifying knowledge and approval of the application. Where additional space is needed, attach additional pages.

Address of Property: \_\_\_\_\_

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

Current Zoning: \_\_\_\_\_ Acreage: \_\_\_\_\_

**OWNER**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**APPLICANT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Summary of Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Application Date: \_\_\_\_\_

<b>ATTACHMENTS</b>	<b>FILING FEE</b>
<input type="checkbox"/> Detailed Written Statement	Base Fee \$ _____
<input type="checkbox"/> Site Plan <input type="checkbox"/> Location Map	Per Acre Fee \$ _____
<input type="checkbox"/> Building Elevation Drawings	Total Fee \$ _____
<input type="checkbox"/> Development Plan	Date Paid _____
<input type="checkbox"/> Grading & Drainage Plan	Receipt No. _____
<input type="checkbox"/> Certifications, if required	Note: Additional City processing costs may be assessed if they exceed the total filing fee.
<input type="checkbox"/> Other _____	

**VALIDATION**

Application has been approved/disapproved (circle one) by \_\_\_\_\_.

Date of final action: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

This form becomes the permit when properly validated and the approval resolution is attached. Any conditions stipulated in the resolution become conditions of the permit.

