



Land Use Permit-Existing Commercial

The City of Ashby is an equal opportunity provider & employer.

Ashby City Hall

203 West Main

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Ashby, MN 56309

Phone 218-747-2876 Fax 218-747-2886

Email ashbycit@prtcl.com Web-site: www.ashbyminnesota.org

Date: _____ Estimated Cost of Project: \$ _____

Fee Paid: _____ (\$5.00 per \$10,000 of project cost)

Street Location of Property _____ **OR**

Legal Description of Property:

Owner: Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Applicant (If other than owner):

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Commercial requirements are as follows-you must follow these requirements in order to receive a land use permit:

- *Setbacks.*
 - (a) *Front yards.* None.
 - (b) *Side yards.* None.
 - (c) *Rear yards.* None.
- All lots shall front on and have ingress and egress by means of a public right-of-way.

Description of Request:

Has an application for the request been previously sought? _____ When? _____

By signing this application, I assert that these state are true and correct to the best of my knowledge. I also agree to follow the above-mentioned set-back requirements.

Signature of Applicant

Date

If applicable, please use the back-side of the application to show lot lines, street names, distance from side and rear lot lines, setback from front lot line to structure. For garage, show distance from garage to house, garage to side or rear lot lines. Show North direction.

Office use only _____ Approved _____ Denied _____ Need Planning Commission Approval _____ Date

Reason _____
