	City of Gen		
	Heritage 4200 Otter Lake Road   G		
	651-747-2790/92   65	1-747-2795 (fax)	
	E-mail <u>city@gen</u>	<u>alakemn.org</u>	
Applicant: Owner Con	Zoning Permit	Application	
Property Information			
Property Owner:			
Address:			
City:		State:	Zip:
<b>Contractor Information</b>			
Contractor:			
State License #:			
Address:			
			Zip:
	Email:		
Property Type			
	itutional Single-Family Home	Two-Family Home Townh	ouse Accessory Structure
Construction Type			
Limited Accessory Building	Driveway Fence Imperv	vious Patio Tank Removal	other
Submittal Checklist			
Current State or City Contracto	r's License		
2 Copies of Site Plan			
Briefly describe the work:			
of Gem Lake Ordinances and the Sta and void if permitted work does not	nd acknowledge that the information above is the of Minnesota Building Code. I acknowledge commence within 180 days of issuance, or if $I$ ir responsibility to ensure that the limited accest t is issued.	ge that building permits issued in the Cit permitted work is suspended or abandor	ty of Gem Lake shall become null ned for 180 days. The permit
Applicant Signature:		Date:	
Office Use Only		Permit No.	
Permit Price:	Card Processing Fee:		
Approved by:		Date:	