



Construction Site Permit

Application Fees:
Residential Structure \$500
Other Structure \$400
Deck \$100

Lynden Township, Stearns County, Minnesota
21367 County Road 44, Clearwater, MN 55320

320-281-9339 | www.lyndentownship.net | planning@lyndentownship.net

Property Information

Street Address: _____

Property Identification Number (PID#): _____

Zoning District: _____ Acreage: _____

Attach a legal description (full description of Metes & Bounds if necessary)

Applicant Information

Name: _____ Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code : _____

Phone: _____ Cell Phone: _____ Work: _____

Email: _____

Property Owner Information (If other than applicant):

Name: _____ Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code : _____

Phone: _____ Cell Phone: _____ Work: _____

Email: _____

Contractor Information (If other than applicant):

Name: _____ Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code : _____

Phone: _____ Cell Phone: _____ Work: _____

Email: _____ License #: _____

Project Information:

Type of Construction:

Residential Structure (\$500 application fee):

New Dwelling

Replacement Dwelling

Moved-in Structure

Addition / Remodel (\$400 application fee)

Other Structure (\$400 application fee):

Garage

Shed

Other: _____

Deck (\$100 application fee)

Project Description: _____

Use of Structure:

Residential

Business

Agriculture

Accessory

Does the project require a 911 sign at completion of the project (\$120): Yes No

Principal Structure	Dimensions/Description/Explanation
Dimensions	
House Area (including attached garage)	
Structure Height	
# of Bedrooms	
# of Floors	
Walk Out? Yes No	
Retaining Wall(s)? Yes No	
Deck(s) Dimensions	
Total Area of All Decks	
Building Plans Included? Yes No	
Other Structure(s) (Not for Livestock)	
# of Other Structures	
Dimensions	
Sidewall Height	
Structure Height	
Area of All Structures	
Dormers? Yes No	
Bathroom/Sink? Yes No	
Retaining Wall(s)? Yes No	

Lot Coverage Calculation Worksheet

Lot coverage is limited to 25% (residential) of the total lot. **The total may not be larger than the maximum coverage calculation below.** Please be advised that if you are over the lot coverage allowance, you must reduce your coverage or apply for a variance before your proposed project will be permitted. Please calculate out all that apply to your situation. If an item does not apply, please leave it blank.

Proposed Structure(s)	Length (ft)	Width (ft)	Total (ft ²)
1.			
2.			
3.			
Existing Structure(s)			
House & Attached Garage			
House Only			
Detached Garage			
Other Structures *All sheds, utility buildings, dog kennels, greenhouses, etc.			
1.			
2.			
3.			
4.			
Deck(s)			
Driveway/Parking Areas *Asphalt, cement, gravel			
Sidewalk, Patio, Paving Stones			
Landscaping (plastic under rock)			
Other			
1.			
2.			
Total Coverage (ft²)			

Lot Area (ft²):		X	25% (residential)	=	Maximum Coverage (ft²)
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Lot Area: Calculate lot area by multiplying the length of the lot times the width. However, if the length and width vary, as in the example, take the average length and width:

Average Lot Width (ft):

Average Lot Length (ft):

Lot Area (sq. ft):

Or, if you know lot acreage, enter below:

X 43,560 sq. ft.

Acres

Lot Square Feet

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Example:

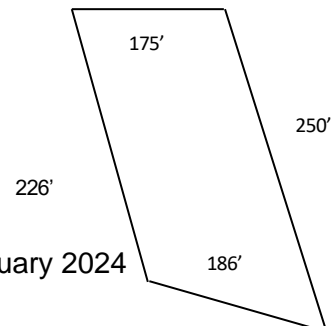
Average Width: $175' + 186' = 361/2 = 181'$

Average Length: $226' + 250' = 476/2 = 238'$

Lot Size: (W) $181' * (L) 238' = 43,078$ sq. ft

Lot Area: 43,078 square feet

Note: 1 Acre = 43,560 ft²



Site Plan

Indicate the following in a site sketch or on a separate drawing to be included with this application.

Please provide distances from structure to:			
Rear Yard:		ft	Wetlands
			ft
Side Yard:		ft	Top of Bluff (If Applicable)
			ft
Side Yard:		ft	OHWL: (If Applicable)
			ft
Right-of-Way		ft	Septic Tank:
			ft
Road Center:		ft	Septic Drainfield:
			ft

I, the undersigned, hereby apply for the considerations described above and declare that the information and materials submitted in support of this application are in compliance with adopted Lynden Township policy and ordinance requirements and are complete to the best of my knowledge.

I understand that this application will be processed in accordance with established Lynden Township review procedures and Minnesota Statutes 462 at such time as it is determined to be complete. Pursuant to Minnesota Statutes 462, the Township will notify the applicant within fifteen (15) days from the filing date of any incomplete or other information necessary to complete the application. Failure on my part to supply all necessary information as requested by Lynden Township may be cause for denying this application.

Signature of this application authorizes Lynden Township employees or agents to enter upon the property to perform needed inspections or review. Entry may be without prior notice.

Signature of Applicant: _____ Date: _____

Signature of Property Owner: _____ Date: _____

Signature of Property Owner: _____ Date: _____

*****FOR OFFICE USE ONLY ***

Date Application Received: _____ Received By: _____

Date Application Complete: _____ Check #: _____
(60-day review period starts from this date)

60-Day Review Period Ends: _____ Amount of check: _____

60-Day Extension: Yes No Expires On: _____ Permit #: _____

911 Sign Required? Yes No 911 Fee Collected? Yes No

Attach conditions / comments: _____

Township Signature: _____ Date: _____